08/19/2009 14:02

(Rev. 12/2004)

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 07 0 1 2009 07 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 08 19 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FE6AN026

Only

SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

OF RECEIPTS AND DISBURSEMENTS

2/101

Write or Type Committee Name
American Hospital Association PAC

FEC Form 3X (Rev. 02/2003)

D 0.7 0 1 2009 0.7 31 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date Cash on Hand (a) 2009° 1339674.06 January 1 (b) Cash on Hand at 1433996.50 Begining of Reporting Period 174102.78 841029.84 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1608099.28 2180703.90 6(a) and 6(c) for Column B) 48135.54 620740.16 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 1559963.74 1559963.74 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D)

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 101

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

м м 0 7

From:

D D 1

2009

Γο:

м м 0 7 D D 31

^Y 2009

| | I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------|---|-------------------------------|-----------------------------------|
| 1. C | ontributions (other than loans) From: a) Individuals/Persons Other | | |
| | Than Political Committees (i) Itemized (use Schedule A) | 65064.14 | 348079.71 |
| | (ii) Unitemized | 39379.06 | 133770.20 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) | 104443.20 | 481849.91 |
| (b | | 0.00 | 0.00 |
| (c | (such as PACs) | 0.00 | 0.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 104443.20 | 481849.91 |
| | ransfers From Affiliated/Other arty Committees | 69460.00 | 335110.00 |
| 3. A | Il Loans Received | 0.00 | 0.00 |
| | pan Repayments Received | 0.00 | 0.00 |
| (C | Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made | 0.00 | 0.00 |
| to | Federal candidates and Other olitical Committees | 0.00 | 22000.00 |
| | ther Federal Receipts Dividends, Interest, etc.) | 199.58 | 2069.93 |
| | ransfers from Non-Federal and Levin Funds | | |
| (a | a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b | b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c | r) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| | otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c)) | 174102.78 | 841029.84 |
| | otal Federal Receipts ubtract Line 18(c) from Line 19) | 174102.78 | 841029.84 |

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 101

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| . Operating Expenditures: (a) Shared Federal/Non-Federal | | |
| Activity (from Schedule H4) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating | 543.85 | 4698.47 |
| Expenditures(c) Total Operating Expenditures | | |
| (add 21(a)(i), (a)(ii) and (b)) | 543.85 | 4698.47 |
| Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| Contributions to | 0.00 | 0.00 |
| Federal Candidates/Committeesand Other Political Committees | 47041.69 | 615491.69 |
| I. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 5. Coordinated Expenditures Made by Party | | |
| Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| S. Loan Repayments Made | 0.00 | 0.00 |
| 7. Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other | 550.00 | 550.00 |
| Than Political Committees | 550.00 | 550.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees | 0.00 | 0.00 |
| (such as PACs)(d) Total Contribution Refunds | 0.00 | 0.00 |
| (add Lines 28(a), (b), and (c)) | 550.00 | 550.00 |
| Other Disbursements Other Disbursements | 0.00 | 0.00 |
| Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity | | |
| (from Schedule H6) | 0.00 | 0.00 |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 22, | | |
| 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 48135.54 | 620740.16 |
| 2. Total Federal Disbursements | | |
| (subtract Line 21(a)(ii) and Line 30(a)(ii) | 10105.51 | 000740 10 |
| from Line 31) | 48135.54 | 620740.16 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 101

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 104443.20 | 481849.91 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 550.00 | 550.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 103893.20 | 481299.91 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 543.85 | 4698.47 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 543.85 | 4698.47 |

FE6AN026

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 6 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | statements may not be sold or used by any person name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Dennis E Klima | | Date of Receipt |
| Mailing Address 640 South State Stree City | t State Zip Code | 07 01 2009 |
| Dover | DE 19901-3597 | Transaction ID: 17324218 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 800.00 |
| Name of Employer Bayhealth Medical Center | Occupation President and Chief Executive Officer | - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 800.00 | |
| Full Name (Last, First, Middle Initial) Mr. Stanley K Hammack | | Date of Receipt |
| Mailing Address 2451 Filligim Street | | 07 02 7 2009 |
| City | State Zip Code | Transaction ID: 17324240 |
| Mobile FEC ID number of contributing federal political committee. | AL 36617-2238 | Amount of Each Receipt this Period 1000.00 |
| Name of Employer University of South Alaba- ma Hospitals | Occupation Vice President Hospital Affairs | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 1000.00 | |
| Full Name (Last, First, Middle Initial) Mr. Fred J. Lucky | <u> </u> | Date of Receipt |
| Mailing Address 14607 W 89 | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code KS 66215-2967 | Transaction ID: 17327188 |
| Lenexa FEC ID number of contributing federal political committee. | KS 66215-2967 | Amount of Each Receipt this Period 141.36 |
| Name of Employer Kansas Hospital Associati- on | Occupation Senior Vice President | 1 |
| Receipt For: Primary General | Aggregate Year-to-Date ▼ | |
| Other (specify) ▼ | 306.26 | |
| SUBTOTAL of Receipts This Page (optional) | | 1941.36 |
| TOTAL This Period (last page this line number | only) | |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE // 101 (check only one) |
|---|------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions osolicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | : | | |
| Full Name (Last, First, Middle Initial) Mr. Andrew Patterson | | | Date of Receipt |
| Mailing Address 80 Highland Street | 07 02 2009 | | |
| City Laconia | State NH | Zip Code 03246-3235 | Transaction ID: 17327337 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00240-0200 | 500.00 |
| Name of Employer LRGhealthcare | Occupatio Director, | n Contracting & Corp. Compli | ar |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Mr. Thomas E Wilhelmsen, , Jr. | | | Date of Receipt |
| Mailing Address P O Box 2014 | | | 07 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City Nashua | State NH | Zip Code | Transaction ID: 17327338 |
| FEC ID number of contributing federal political committee. | C | 03061-2014 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Southern New Hampshire Me- dical Center | Occupatio Presiden | n t and Chief Executive Office | r |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Mr. Thomas Clairmont | | | Date of Receipt |
| Mailing Address 80 Highland Street | | | 07 02 7 2009 |
| City Laconia | State NH | Zip Code 03246-3235 | Transaction ID: 17327340 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 00240-0200 | 500.00 |
| Name of Employer LRG Healthcare | Occupatio Presiden | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | | 1350.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 | | |
|---|---|--|--|--|
| or for commercial purposes, other than using the | Statements may not be sold or used by any persor e name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. | | |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | | |
| Full Name (Last, First, Middle Initial) Mr. Robert E. Gibbons | | Date of Receipt | | |
| Mailing Address 101 Arch Street Suite 1741 | | 07 02 2009 | | |
| City Boston | State Zip Code MA 02110-1109 | Transaction ID: 17327341 Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 500.00 | | |
| Name of Employer Massachusetts Hospital Association Receipt For: Primary General Other (specify) ▼ | Occupation Sr. Vice President, Government Advoc Aggregate Year-to-Date ▼ 500.00 | cac | | |
| Full Name (Last, First, Middle Initial) Mr. Steven J. Summer Mailing Address 7335 East Orchard R | | Date of Receipt | | |
| Suite 100 | Suite 100 | | | |
| City | | | | |
| FEC ID number of contributing federal political committee. | CO 80111-2582 | Amount of Each Receipt this Period | | |
| Name of Employer Colorado Hospital Associa- tion | Occupation President & Chief Executive Officer | 1 | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | | |
| Full Name (Last, First, Middle Initial) Mr. Douglas F Dean, , Jr. | | Date of Receipt | | |
| Mailing Address One Elliot Way | | 07 02 2009 | | |
| City | State Zip Code | Transaction ID: 17327946 | | |
| Manchester | NH 03103-3599 | Amount of Each Receipt this Period | | |
| FEC ID number of contributing federal political committee. | C | 250.00 | | |
| Name of Employer Elliot Hospital | Occupation President and Chief Executive Officer | | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | | |
| SUBTOTAL of Receipts This Page (optional) | | 1750.00 | | |
| TOTAL This Period (last page this line numbe | | | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 9 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|----------------|--|-------------------------------|---|---|
| 7 | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | tatements may name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| ∠ A. | Full Name (Last, First, Middle Initial) Mr. Arthur W Nichols Mailing Address 580 Court Street City | State | Zip Code | Date of Receipt 0 7 0 2 2 0 0 9 Transaction ID: 17327947 |
| | Keene FEC ID number of contributing federal political committee. | C | 03431-1718 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Cheshire Medical Center Receipt For: Primary General Other (specify) ▼ | | n t and Chief Executive Office e Year-to-Date ▼ 500.00 | |
| В. | Full Name (Last, First, Middle Initial) Ms. Michelle McEwen Mailing Address 16 Hospital Road | • | | Date of Receipt 0 7 0 2 2 0 0 9 |
| | City Plymouth FEC ID number of contributing | State NH | Zip Code 03264-1126 | Transaction ID: 17327948 Amount of Each Receipt this Period 500.00 |
| | Name of Employer Speare Memorial Hospital | Occupation | n t and Chief Executive Office | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 500.00 | |
| - C. | Full Name (Last, First, Middle Initial) Mr. Warren K West Mailing Address PO Box 325 | | | Date of Receipt 0 7 0 2 2 0 0 9 |
| | City | State VT | Zip Code | Transaction ID: 17327950 |
| | Morrisville FEC ID number of contributing federal political committee. | C | 05661-0325 | Amount of Each Receipt this Period 350.00 |
| | Name of Employer Littleton Regional Hospit- al | Occupation | n | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1350.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|---|----------------------------|---|---|
| A | ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | atements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) Mr. Peter B Davis Mailing Address 172 Kinsley Street City Nashua FEC ID number of contributing federal political committee. Name of Employer | State NH C | Zip Code 03060-3648 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | St. Joseph Hospital Receipt For: Primary General Other (specify) | Presiden | t and Chief Executive Officer Year-to-Date ▼ 500.00 |] |
| | Full Name (Last, First, Middle Initial) Mr. Gary D. Duncan Mailing Address 1437 Crestwood Drive | | | Date of Receipt 0 7 0 6 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: 17336144 |
| | <u>Joplin</u> | MO | 64801-1039 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1200.00 |
| | Name of Employer Freeman Health System | Occupation Presiden | n t and Chief Executive Officer | |
| | Receipt For: Primary General Other (specify) | Aggregate | e Year-to-Date ▼ 1200.00 | |
| | Full Name (Last, First, Middle Initial) Mr. David H. Feess | | | Date of Receipt |
| | Mailing Address 1219 Wildbar Drive | | | 07 06 7 2009 |
| | City | State | Zip Code | Transaction ID: 17336161 |
| | Liberty FEC ID number of contributing federal political committee. | C | 64068-4005 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Liberty Hospital | Occupatio Assistan | n t Administrator | |
| | Receipt For: Primary General Other (specify) ▼ | ! | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1950.00 |

| Any information copied from such Report | for each category of the Detailed Summary Page ts and Statements may not be sold or used by any person | (check only one) X 11a |
|--|---|--|
| or for commercial purposes, other than to NAME OF COMMITTEE (In Full) American Hospital Association | ising the name and address of any political committee to | o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Joseph W. Crossett Mailing Address 411 Glendale | | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 17336162 |
| Liberty FEC ID number of contributing federal political committee. | MO 64068-2811 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Liberty Hospital Receipt For: Primary General Other (specify) ▼ | Occupation Administrator Aggregate Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) Ms. Penny Brooke Mailing Address 2879 Jennie La | ne | Date of Receipt 0 7 0 7 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17339958 |
| Salt Lake City | UT 84117-5513 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Intermountain Healthcare, Inc. Receipt For: Primary General | Occupation Trustee Aggregate Year-to-Date ▼ 350.00 | 1 |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) | | 1 |
| Mr. Matthew D Bailey Mailing Address 1502 Sagamore | e Place | Date of Receipt 0 7 0 8 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17344097 |
| Vincennes FEC ID number of contributing federal political committee. | IN 47591-7628 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Good Samaritan Hospital | Occupation Hospital President | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (op | tional) | 1350.00 |

| [| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St | statements may | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions |
|------------------|--|-------------------------|---|---|
| \ | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | name and add | press of any political committee to | solicit contributions from such committee. |
| Δ. A . | Full Name (Last, First, Middle Initial) Mike Packnett | | | Date of Receipt |
| | Mailing Address 10125 Silver Lake Ct. | | | 07 08 2009 |
| | City | State | Zip Code | Transaction ID: 17344106 |
| | Fort Wayne | IN | 46825-7252 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 500.00 |
| | Name of Employer Parkview Hospital | Occupation Hospital | n President/CEO | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| - В. | Full Name (Last, First, Middle Initial) Mrs. Bernice C. Ulrich | 1 | | Date of Receipt |
| | Mailing Address 4655 Running Brook To | errace | | 07 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17344108 |
| | Greenwood | IN | 46143-9255 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Indiana Hospital Associat- ion | Occupation Vice Pres | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| - C. | Full Name (Last, First, Middle Initial) Mr. Lowell C. Kruse | 1 | | Date of Receipt |
| | Mailing Address 7300 SE 75th Road | | | 07 09 / Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: 17346132 |
| | Saint Joseph | MO | 64507-8073 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 1000.00 |
| | Name of Employer Heartland Health | Occupation President | n t and Chief Executive Office | r |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 1000.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1750.00 |
| H | | | · | |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 13 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|--|--|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | statements may not be sold or used by any person ename and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Bob Garrison Mailing Address 206 Walnut Street City Doniphan FEC ID number of contributing federal political committee. Name of Employer Ripley County Memorial Hospital Receipt For: Primary General Other (specify) | State Zip Code MO 63935-1706 C Occupation Chief Executive Officer Aggregate Year-to-Date 325.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Mr. Francis M Saba Mailing Address 14 Prospect Street City Milford FEC ID number of contributing federal political committee. Name of Employer Milford Regional Medical Center Receipt For: Primary General Other (specify) | State Zip Code MA 01757-3090 C Occupation Chief Executive Officer Aggregate Year-to-Date 500.00 | Date of Receipt M M O 7 O 9 O 9 2 0 0 9 Transaction ID: 17346165 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) Mr. Francis M Saba Mailing Address 14 Prospect Street City Milford FEC ID number of contributing federal political committee. Name of Employer Milford Regional Medical Center Receipt For: Primary General Other (specify) | State Zip Code MA 01757-3090 C Occupation Chief Executive Officer Aggregate Year-to-Date 1000.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | • | 1150.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 14 / 101 (check only one) X | |
|--|-------------------------------|---|--|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC | the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions | |
| Full Name (Last, First, Middle Initial) Mr David E Storto Mailing Address 357 Caterina Hts. | | | Date of Receipt | |
| City Concord | State MA | Zip Code 01742-4750 | Transaction ID: 17346992 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | 01742-4730 | 350.00 | |
| Name of Employer Spaulding Rehabilitation Hospital Receipt For: Primary General Other (specify) ▼ | Occupation Presiden Aggregate | | | |
| Full Name (Last, First, Middle Initial) Mr. John W. Polanowicz Mailing Address 2 Abenaki Road | | | Date of Receipt 0 7 1 0 2 0 0 9 | |
| City | State Zip Code | | | |
| <u>Northborough</u> | MA | 01532-2433 | Transaction ID: 17346994 Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | C | | 1000.00 | |
| Name of Employer UMass Memorial-Marlborough Hospital | Occupatio Presiden | t & CEO | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 1000.00 | | |
| Full Name (Last, First, Middle Initial) Mr. Bruce Rieker | | | Date of Receipt | |
| Mailing Address 9618 St. Clement Ci | ircle | | 07 10 YYYY 2009 | |
| City | State | Zip Code | Transaction ID: 17346995 | |
| Lincoln | NE | 68526-9765 | Amount of Each Receipt this Period | |
| FEC ID number of contributing federal political committee. | С | | 350.00 | |
| Name of Employer Nebraska Hospital Associa- tion | | sident, Advocacy | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 |] | |
| SUBTOTAL of Receipts This Page (optional | <u> </u> | | 1700.00 | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | ζ) | Use separate schedule(s) for each category of the Detailed Summary Page | Check only one) X 11a |
|--|----------------------|---|---|
| Any information copied from such Reports ar or for commercial purposes, other than using | nd Statements may | y not be sold or used by any perso | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | |
| Full Name (Last, First, Middle Initial) Ms. Beth Berry | | | Date of Receipt |
| Mailing Address 500 Interstate Boule | evard South | | 07 10 2009 |
| City Nashville | State TN | Zip Code 37210-4634 | Transaction ID: 17347007 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 37210-4004 | 500.00 |
| Name of Employer Tennessee Hospital Association Receipt For: Primary General | | n President, Government Affai e Year-to-Date ▼ 500.00 | rs |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Martha O'Regan Chill Mailing Address 10820 Parkside Dri | ve | | Date of Receipt |
| City | State | Zip Code | 0 7 1 0 2 0 0 9 Transaction ID: 17347018 |
| Knoxville FEC ID number of contributing | TN | 37934-1956 | Amount of Each Receipt this Period |
| federal political committee. | C | | 250.00 |
| Name of Employer Wellmont Holston Valley Medical Center | Occupation Vice Pres | n sident-Operations | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. Chris Clarke | | | Date of Receipt |
| Mailing Address 500 Interstate Blvd. | South | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 17347021 |
| Nashville FEC ID number of contributing federal political committee. | C | 37210-4634 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Tennessee Hospital Associ- ation | | ice President, Center for Pat | - i_ |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | | | 1000.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 16 / 101 (check only one) X |
|---|---|--|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA | nd Statements may not be sold or used by any person the name and address of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Mr. Joseph M Dawson Mailing Address 907 East Lamar Al | exander Pkwy | Date of Receipt |
| City Maryville FEC ID number of contributing | State Zip Code TN 37804-5016 | Transaction ID: 17347026 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Blount Memorial Hospital Receipt For: Primary General Other (specify) | Occupation Administrator Aggregate Year-to-Date 1000.00 |] |
| Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich Mailing Address 500 Interstate Boul City | evard South State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| Nashville FEC ID number of contributing federal political committee. Name of Employer Tennessee Hospital Association Receipt For: Primary General Other (specify) | Occupation Assistant Vice President Aggregate Year-to-Date 250.00 | Amount of Each Receipt this Period 250.00 |
| Full Name (Last, First, Middle Initial) Mr. Thomas H Gee Mailing Address P O Box 1030 City Paris | State Zip Code TN 38242-1030 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Henry County Medical Center Receipt For: Primary General Other (specify) ▼ | Occupation Administrator Aggregate Year-to-Date 500.00 | 500.00 |
| SUBTOTAL of Receipts This Page (options |) | 1750.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|--|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC | d Statements may not be sold or used by any pers he name and address of any political committee t | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. James L. Goodloe Mailing Address 500 Interstate Blvd. | South | Date of Receipt 0 7 1 0 2 0 0 9 |
| City Nashville | State Zip Code TN 37210-4634 | Transaction ID: 17347034 |
| FEC ID number of contributing federal political committee. | TN 37210-4634 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Tennessee Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Senior Vice President Aggregate Year-to-Date 500.00 | |
| Full Name (Last, First, Middle Initial) Mr. Michael Huggins Mailing Address 500 Interstate Boule | vard South | Date of Receipt 0 7 1 0 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17347037 |
| Nashville FEC ID number of contributing federal political committee. | TN 37210-4634 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Tennessee Hospital Associ- ation | Occupation Executive Vice President & COO | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Mr. Bill Jolley | | Date of Receipt |
| Mailing Address 500 Interstate Blvd., | South | 07 10 2009 |
| City Nashville | State Zip Code TN 37210-4634 | Transaction ID: 17347042 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Tennessee Hospital Associ- ation | Occupation Assistant Vice President | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | 1 | 1250.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 18 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---|--|--|
| or for commercial purposes, other than using the | Statements may not be sold or used by any persone name and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Robert P Main | | Date of Receipt |
| Mailing Address One Siskin Plaza City | State Zip Code | 0 7 1 0 2 0 0 9 Transaction ID: 17347044 |
| Chattanooga | TN 37403-1306 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 1000.00 |
| Name of Employer Siskin Hospital for Physical Rehabilit Receipt For: Primary General Other (specify) ▼ | Occupation President and Chief Executive Officer Aggregate Year-to-Date 1000.00 | |
| Full Name (Last, First, Middle Initial) Ms. Janice M. McKinley, RN, FACHE Mailing Address 939 Vista Oaks Lane | | Date of Receipt |
| Walling Address 939 Vista Oaks Laile | | 07 10 2009 |
| City | State Zip Code | Transaction ID: 17347046 |
| Knoxville | TN 37919-4445 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Parkwest Medical Center | Occupation Vice President & Chief Nursing Officer | r |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. Robert Otwell | | Date of Receipt |
| Mailing Address 1224 Trotwood Avenu | | 07 10 7 2009 |
| City | State Zip Code | Transaction ID: 17347049 |
| Columbia | TN 38401-4802 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Maury Regional Hospital | Occupation Chief Executive Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1500.00 |
| TOTAL This Period (last page this line number | | |

| Bristol FEC ID number of contributing federal political committee. Name of Employer Wellmont Bristol Regional Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Glenda Sublett Mailing Address 2347 Jones Bend Road City S Louisville T FEC ID number of contributing federal political committee. Name of Employer Peningula Heppital | nts may not be sold or used by any persor and address of any political committee to s | n for the purpose of soliciting contributions solicit contributions from such committee. Date of Receipt |
|---|--|---|
| Mr Brad H Price Mailing Address 1 Medical Park Boulevard City S Bristol T FEC ID number of contributing federal political committee. Name of Employer Wellmont Bristol Regional Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Glenda Sublett Mailing Address 2347 Jones Bend Road City S Louisville FEC ID number of contributing federal political committee. Name of Employer Peningula Heppital Coc | | Date of Receipt |
| Bristol FEC ID number of contributing federal political committee. Name of Employer Wellmont Bristol Regional Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Glenda Sublett Mailing Address 2347 Jones Bend Road City S Louisville FEC ID number of contributing federal political committee. Name of Employer Pagingula Happital | | M M / D D / Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Wellmont Bristol Regional Medical Cent Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Ms. Glenda Sublett Mailing Address 2347 Jones Bend Road City S Louisville FEC ID number of contributing federal political committee. Name of Employer Pagingula Happital | tate Zip Code N 37620-7430 | Transaction ID: 17347050 Amount of Each Receipt this Period |
| Medical Cent Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Glenda Sublett Mailing Address 2347 Jones Bend Road City S Louisville T FEC ID number of contributing federal political committee. Name of Employer Peninsula Heppital | | 350.00 |
| Ms. Glenda Sublett Mailing Address 2347 Jones Bend Road City S Louisville T FEC ID number of contributing federal political committee. Name of Employer Paningula Happital | cupation te President Finance and Operation gregate Year-to-Date 350.00 | - S_ |
| Louisville FEC ID number of contributing federal political committee. Name of Employer Pagingula Hospital | | Date of Receipt 0 7 1 0 2 0 0 9 |
| FEC ID number of contributing federal political committee. Name of Employer Peninsula Hospital | tate Zip Code | Transaction ID: 17347052 |
| federal political committee. Name of Employer Peninsula Hospital | N 37777-5213 | Amount of Each Receipt this Period |
| Ponincula Hochital | | 350.00 |
| | cupation e President and Administrator | |
| Receipt For: Primary General Other (specify) ▼ | gregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Jill Talbert | | Date of Receipt |
| Mailing Address 500 Interstate Boulevard Soi | uth | 07 10 YYYY 2009 |
| • | tate Zip Code | Transaction ID: 17347053 |
| | N 37210-4634 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | | 250.00 |
| Tennessee Hospital Association | cupation ector of Advocacy and Grassroots | |
| Receipt For: Primary General Other (specify) ▼ | gregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | > | 950.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 101 (check only one) X |
|--|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | Statements made name and add | y not be sold or used by any perso dress of any political committee to | n for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Ms. Thelma K. Traut Mailing Address 1080 Cedar Drive Cedar Lake Estates | | | Date of Receipt 0 7 1 0 2 0 0 9 |
| City Camden FEC ID number of contributing federal political committee. | State TN | Zip Code 38320-6033 | Transaction ID: 17347054 Amount of Each Receipt this Period 500.00 |
| Name of Employer Baptist Memorial Hospital- Huntingdon Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Occupatio Vice Cha Aggregate | | |
| Full Name (Last, First, Middle Initial) Ms. Mary Layne Van Cleave Mailing Address 1208 Brookview Drive | ÷ | | Date of Receipt 0 7 1 0 2 0 0 9 |
| City Brentwood FEC ID number of contributing federal political committee. | State TN | Zip Code 37027-8424 | Transaction ID: 17347055 Amount of Each Receipt this Period 1000.00 |
| Name of Employer Tennessee Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | - · · · · · · · · · · · · · · · · · · · | e VP & COO e Year-to-Date ▼ | |
| Full Name (Last, First, Middle Initial) Ms. Ellen Wilhoit Mailing Address P O Box 8005 | I | | Date of Receipt |
| City Sevierville FEC ID number of contributing federal political committee. | State TN | Zip Code 37864-8005 | 0 7 |
| Name of Employer Fort Sanders-Sevier Medic- al Center Receipt For: Primary General Other (specify) ▼ | - | n It and Chief Administrative Of e Year-to-Date ▼ 250.00 | ff |
| SUBTOTAL of Receipts This Page (optional) | 1 | ······ | 1750.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 21 / 101 (check only one) X 11a |
|------------|--|-----------------------------|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | tatements ma name and ad | ly not be sold or used by any person dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| A . | Full Name (Last, First, Middle Initial) Mr. William A. Sutton Mailing Address 4653 Ginger Trail City Toledo | State OH | Zip Code 43623-1041 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | FEC ID number of contributing federal political committee. | C | 40020-1041 | 250.00 |
| | Name of Employer Mercy Hospital of Defiance Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Adminis Aggregate | | |
| - В. | Full Name (Last, First, Middle Initial) Mr. William W Harding Mailing Address 1305 Independence Ci | rcle S.E. | | Date of Receipt 0 7 1 0 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: 17347326 |
| | New Philadelphia FEC ID number of contributing federal political committee. | OH OH | 44663-9337 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer Union Hospital | Occupation Presider | on nt and Chief Executive Office | r |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| -). | Full Name (Last, First, Middle Initial) Mr. Edward J Roth, III Mailing Address 2600 Sixth Street SW | | | Date of Receipt |
| | City | State | Zip Code | 0 7 1 0 2 0 0 9 Transaction ID: 17347328 |
| | <u>Canton</u> | OH | 44710-1702 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 250.00 |
| | Name of Employer Aultman Hospital | Occupation Presider | on nt and Chief Executive Office | r |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 750.00 |
| T | TOTAL This Period (last page this line number | only) | | |

| SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 101 (check only one) X 11a 11b 11c 12 |
|---|-------------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | d Statements may | not be sold or used by any perso | n for the purpose of soliciting contributions |
| | ne name and add | iress of any political committee to | o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | |
| Full Name (Last, First, Middle Initial) Mr. Robert W Shroder | | | Date of Receipt |
| Mailing Address 667 Eastland Avenue | e SE | | 07 10 7 2009 |
| City | State | Zip Code | Transaction ID: 17347330 |
| Warren | OH | 44484-4503 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 500.00 |
| Name of Employer St. Joseph Health Center | Occupation President | n t and Chief Executive Office | r |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 500.00 | |
| Full Name (Last, First, Middle Initial) Mr. William G Robertson | | | Date of Receipt |
| Mailing Address 2000 Sondra Court | | | 07 10 2009 |
| City | State | Zip Code | Transaction ID: 17347334 |
| Silver Spring | MD | 20905-3950 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 125.00 |
| Name of Employer Adventist HealthCare | Occupation President | n t and Chief Executive Office | r |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 475.00 | |
| Full Name (Last, First, Middle Initial) Ms. Susan Stanfield | | | Date of Receipt |
| Mailing Address 6218 Muirlock Court | | | 07 10 7 2009 |
| City | State | Zip Code | Transaction ID: 17347337 |
| <u>Dublin</u> | OH | 43017 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer Ohio Hospital Association | Occupation Chief Exe | n ecutive Officer | 7 |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| | | | |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 23 / 101 (check only one) X |
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| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | tatements may not be sold or used by any perso name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Myra L. Evans Mailing Address 16603 R Avenue City Tarkio FEC ID number of contributing federal political committee. Name of Employer Community Hospital - Fair-fax Receipt For: Primary General | State Zip Code MO 64491-9280 C Occupation Administrator Aggregate Year-to-Date | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Richard G Bennett, , M.D. Mailing Address 1000 Poplar Hill Road City Baltimore FEC ID number of contributing federal political committee. Name of Employer Johns Hopkins Bayview Medical Center Receipt For: Primary General | State Zip Code MD 21210-1224 C Occupation Executive Vice President, Chief Opera Aggregate Year-to-Date | Date of Receipt O 7 |
| Other (specify) Full Name (Last, First, Middle Initial) Mr. Charles C Fenwick, Jr. Mailing Address P.O. Box 1 City Butler FEC ID number of contributing federal political committee. Name of Employer Greater Baltimore Medical | 255.00 State Zip Code MD 21023-0001 C | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Greater Baltimore Medical Center Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | Chairman Aggregate Year-to-Date ▼ 255.00 | 910.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|--|
| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA | nd Statements may not be sold or used by any perso g the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Timothy R. Hearn Mailing Address P.O. Box 44670 City Baltimore FEC ID number of contributing | State Zip Code MD 21236-6670 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer Sheppard and Enoch Pratt Hospital Receipt For: Primary Other (specify) ▼ | Occupation Trustee Aggregate Year-to-Date 340.00 | |
| Full Name (Last, First, Middle Initial) Mr. Ronald R Peterson Mailing Address 1403 Lytham Coul | t | Date of Receipt 0 7 1 3 2 0 0 9 |
| City Bel Air FEC ID number of contributing federal political committee. | State Zip Code MD 21015-5691 | Transaction ID: 17349636 Amount of Each Receipt this Period 255.00 |
| Name of Employer Johns Hopkins Health System Receipt For: Primary General Other (specify) ▼ | Occupation President Aggregate Year-to-Date ▼ 255.00 | |
| Full Name (Last, First, Middle Initial) Ms. Connie Pitcher Mailing Address 10909 McCormick | Road | Date of Receipt |
| City Hunt Valley FEC ID number of contributing federal political committee. | State Zip Code MD 21031-1401 | Transaction ID: 17349639 Amount of Each Receipt this Period 272.00 |
| Name of Employer Greater Baltimore Medical Center | Occupation Trustee | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 272.00 | |
| SUBTOTAL of Receipts This Page (option | al) | 867.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA | nd Statements may not be sold or used by any p the name and address of any political committee | person for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Ms. Joanne E Pollak, , JD Mailing Address One East Highfield | | Date of Receipt 0 7 1 3 2 0 0 9 |
| City Baltimore | State Zip Code MD 21218 | Transaction ID: 17349640 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 510.00 |
| Name of Employer Johns Hopkins Health System Receipt For: Primary General Other (specify) ▼ | Occupation Vice President and General Coun Aggregate Year-to-Date 510.00 | sel |
| Full Name (Last, First, Middle Initial) Mr. Gregory F Schaffer Mailing Address 305 Meadowcroft L | ane | Date of Receipt 0 7 1 3 2 0 0 9 |
| City | State Zip Code | 07 13 2009 Transaction ID: 17349652 |
| Timonium | MD 21093-6422 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 255.00 |
| Name of Employer Johns Hopkins Bayview Med- ical Center | Occupation President | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 255.00 | |
| Full Name (Last, First, Middle Initial) Mr. John Christopher Lang Mailing Address 1517 Deer Path | • | Date of Receipt 0 7 1 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17350025 |
| Raymore | MO 64083-8180 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Cass Regional Medical Cen- ter | Occupation Chief Executive Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional | · | 1015.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 101 (check only one) X 11a 11b 11c 12 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | Statements may not be sold or used by any per ne name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | , , , , , , , , , , , , , , , , , , , | |
| Full Name (Last, First, Middle Initial) Dr. Gene H. Leroux | | Date of Receipt |
| Mailing Address 109 Leroux Street | | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17350026 |
| <u>Doniphan</u> | MO 63935-1038 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer Ripley County Memorial Ho- | Occupation Director, Ripley Clinic | |
| spital Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General | Aggregate real-to-bate • | |
| Other (specify) ▼ | 262.50 | |
| Full Name (Last, First, Middle Initial) Mr. Dan McKinney | | Date of Receipt |
| Mailing Address 1255 Lovers Lane | | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17350030 |
| <u>Hermann</u> | MO 65041-4245 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 264.00 |
| Name of Employer Hermann Area District Hos- pital | Occupation Administrator | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 264.00 | |
| Full Name (Last, First, Middle Initial) Mr. Thomas H Rockers | | Date of Receipt |
| Mailing Address 153 Gay Avenue | | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17350074 |
| Clayton | MO 63105-3665 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 150.00 |
| Name of Employer St. Anthony's Medical Cen- ter | Occupation President and Chief Executive Offic | er |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 250.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 664.00 |

| Sentara Healthćare | State Zip Code VA 23502-3819 C Cccupation Senior Vice President & CFO Aggregate Year-to-Date 350.00 | Date of Receipt Date of Receipt |
|--|--|---|
| Mr Robert Broermann Mailing Address 6015 Poplar Hall Drive City Norfolk FEC ID number of contributing federal political committee. Name of Employer Sentara Healthcare Receipt For: Primary General Other (specify) ▼ | C Occupation Senior Vice President & CFO Aggregate Year-to-Date 350.00 | 0 7 1 4 2 0 0 9 Transaction ID: 17351126 Amount of Each Receipt this Period |
| Norfolk FEC ID number of contributing federal political committee. Name of Employer Sentara Healthcare Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Jeff Burke | C Occupation Senior Vice President & CFO Aggregate Year-to-Date 350.00 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. Name of Employer Sentara Healthcare Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Jeff Burke | C Description Senior Vice President & CFO Aggregate Year-to-Date ▼ 350.00 | |
| Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Mr. Jeff Burke | Senior Vice President & CFO Aggregate Year-to-Date ▼ 350.00 | - |
| Mr. Jeff Burke | | |
| 120001 0001010 00011 | | Date of Receipt 0 7 1 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17351127 |
| Midlothian | VA 23113-2279 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Bon Secours'-Richmond Comm- unity Hospita | Occupation Chief Information Officer Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Mr J Michael Burris | | Date of Receipt |
| Mailing Address 459 Locust Avenue | | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17351128 |
| Charlottesville | VA 22902-9940 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 350.00 |
| Martha Infforcan Hospital | Decupation Vice President Corporate Services and | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1050.00 |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 101 (check only one) X 11a 11b 11c 12 |
|--|-------------------------|---|---|
| Any information copied from such Reports and | Statements may | not be sold or used by any person | 13 14 15 16 Con for the purpose of soliciting contributions |
| or for commercial purposes, other than using the | he name and add | dress of any political committee to | o solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) | | | |
| American Hospital Association PAC | | | |
| Full Name (Last, First, Middle Initial) Mr Barnard Buscemi | | | Date of Receipt |
| Mailing Address 2796 Marshall Lake [| Drive | | 07 14 2009 |
| City | State | Zip Code | Transaction ID: 17351129 |
| Oakton | VA | 22124-1148 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 350.00 |
| Name of Employer Inova Health System | Occupation Investme | | |
| Receipt For: | _,_ | Year-to-Date ▼ | \dashv |
| Primary General | Aggregate | | 7 |
| Other (specify) | | 350.00 | |
| Full Name (Last, First, Middle Initial) Mr. Edward Caldwell | | | Date of Receipt |
| Mailing Address 6642 Sugar Ridge Dr | rive SW | | 07 14 2009 |
| City | State | Zip Code | Transaction ID: 17351130 |
| Roanoke | VA | 24018-7632 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 350.00 |
| Name of Employer Carilion Clinic | Occupation Executive | n e Vice President | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Ms. Barbara Charlton | | | Date of Receipt |
| Mailing Address 11797 Troika Court | | | 07 14 2009 |
| City | State | Zip Code | Transaction ID: 17351132 |
| Woodbridge | VA | 22192-6285 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 350.00 |
| Name of Employer Potomac Hospifal | Occupation Vice Pres | | |
| Receipt For: | Aggregate | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 33 -3 | 350.00 | |
| | | | 1050.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 101 (check only one) X |
|--|----------------------|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC | the name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Paul Chidester Mailing Address 1408 Five Hill Trail | | | Date of Receipt |
| City Virginia Beach FEC ID number of contributing | State VA | Zip Code 23452-4704 | Transaction ID: 17351133 Amount of Each Receipt this Period |
| Name of Employer Chesapeake General Hospit- al Receipt For: Primary General Other (specify) | ' | n dical Officer e Year-to-Date ▼ | 350.00 |
| Full Name (Last, First, Middle Initial) Alice Ensogna Mailing Address 1909 Wayland Dr | | | Date of Receipt 0 7 1 4 2 0 0 9 |
| City | State | Zip Code | Transaction ID: 17351141 |
| Winchester | VA | 22601-6217 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 350.00 |
| Name of Employer Valley Health System | Occupation Chief Nu | n rsing Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Ms. Valerie Keane | | | Date of Receipt |
| Mailing Address 300 Princess Anne S | Street | | 07 14 2009 |
| City | State | Zip Code | Transaction ID: 17351212 |
| Fredericksburg FEC ID number of contributing federal political committee. | C | 22401-6041 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Potomac Hospital | Occupation Vice Pres | | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 350.00 | |
| SUBTOTAL of Receipts This Page (optional | \ | | 1050.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 30 / 101 (check only one) X 11a 11b 11c 12 |
|---|--|---|
| Any information copied from such Reports and or for commercial purposes, other than using t | Statements may not be sold or used by any person Statements may not be sold or used by any person | 13 14 15 16 1 16 1 17 1 18 1 18 1 19 1 19 1 19 1 19 1 19 |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Dena Kent | | Date of Receipt |
| Mailing Address 193 Robinson Drive | | 07 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 17351214 |
| Winchester | VA 22602-2340 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Winchester Medical Center | Occupation Executive Director | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Ms Vickie Kleski | | Date of Receipt |
| Mailing Address 3020 Ribuiys Crissul | og Dr | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 17351219 |
| <u>Midlothian</u> | VA 23113 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Bon Secours-Richmond Comm- unity Hospita | Occupation Vice President Revenue | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 350.00 | |
| Full Name (Last, First, Middle Initial) Ms Darleen Mastin | | Date of Receipt |
| Mailing Address 4748 Totteridge Land | 9 | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17351290 |
| Virgina Beach | VA 23462 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Centra Health | Occupation Sr. Vice President/COO | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 350.00 |] |
| | | 1050.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 31 / 101 (check only one) X |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | Statements may not be sold or used by any persename and address of any political committee to | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Betsey Meadows Mailing Address 425 Pleasant Point Dr | | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code VA 23502-5703 | Transaction ID: 17351291 |
| Norfolk FEC ID number of contributing federal political committee. | VA 23502-5703 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Sentara Healthcare Receipt For: Primary General Other (specify) ▼ | Occupation Director Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Mr Scott A Miller Mailing Address 1521 Sea Breeze Tr | | Date of Receipt 0 7 1 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17351292 |
| Virginia Beach | VA 23452-4742 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Sentara Healthcare | Occupation V/P Medical Affairs | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Ms Charlotte Perkins | | Date of Receipt |
| Mailing Address 326 Willway | | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17351297 |
| Manakin Sabot | VA 23103-3281 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Bon Secours-Richmond Community Hospita Receipt For: Primary Other (specify) ▼ | Occupation Trustee Aggregate Year-to-Date ▼ 350.00 | |
| | | 1050.00 |

| | for each category of the Detailed Summary Page | (check only one) X 11a |
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| Any information copied from such Repor or for commercial purposes, other than use NAME OF COMMITTEE (In Full) American Hospital Association | ts and Statements may not be sold or used by any perso sing the name and address of any political committee to PAC | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Megan R Perry Mailing Address 3000 Coliseum | - | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 17351298 |
| Hampton FEC ID number of contributing federal political committee. | VA 23666-5963 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Sentara CarePlex Hospital Receipt For: Primary Other (specify) ▼ | Occupation Vice President and Administrator Aggregate Year-to-Date 350.00 | |
| Full Name (Last, First, Middle Initial) Mr. Bertram Reese Mailing Address 1513 Quail Poir | nt Road | Date of Receipt 0 7 1 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17351300 |
| Virginia Beach | VA 23454-3115 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Sentara Healthcare | Occupation VP & Chief Information Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Ms. Gail D. Russell | | Date of Receipt |
| Mailing Address 11531 Gunner (| Court | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17351302 |
| Woodbridge | VA 22192-5745 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Potomac Hospital | Occupation Vice President Nursing | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| SUBTOTAL of Receipts This Page (op | tional) | 1050.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 33 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|---|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | atements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. J, Thomas Ryan, , M.D. Mailing Address 7 Steeplechase Road City Fredericksburg FEC ID number of contributing federal political committee. Name of Employer Medicorp Health System Receipt For: Primary General Other (specify) | State Zip Code VA 22405-3313 C Occupation Vice President/ Chief Medical Officer Aggregate Year-to-Date 350.00 | Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 17351303 Amount of Each Receipt this Period 350.00 |
| Full Name (Last, First, Middle Initial) Ms. Wayne Sawyer Mailing Address 4001 River Park Dr. City Suffolk FEC ID number of contributing federal political committee. Name of Employer Bon Secours Hampton Rd Receipt For: Primary General Other (specify) | State Zip Code VA 23435-3356 C Occupation President Aggregate Year-to-Date 350.00 | Date of Receipt M M M / D D / Y Y Y Y Y O 7 1 4 2 0 0 9 Transaction ID: 17351304 Amount of Each Receipt this Period 350.00 |
| Full Name (Last, First, Middle Initial) Ms. Jennifer W. Siciliano Mailing Address 8110 Gatehouse Road Suite 200 East Tower City Falls Church FEC ID number of contributing federal political committee. Name of Employer Inova Health System Receipt For: Primary General | State Zip Code VA 22042-1210 C Occupation Asst VP Government Relations Aggregate Year-to-Date ▼ | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) | 350.00 | 1050.00 |

| SCHEDULE A (FEC Form ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 34 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
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| Any information copied from such Report or for commercial purposes, other than us NAME OF COMMITTEE (In Full) American Hospital Association I | ts and Statements may not be sold or used by any personsing the name and address of any political committee to PAC | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Paul A. Speidell Mailing Address 4200 Innslake D City Glen Allen FEC ID number of contributing federal political committee. Name of Employer Virginia Hospital & Healthcare Associa Receipt For: Primary General | Orive State Zip Code VA 23060-6712 C Occupation Vice President Aggregate Year-to-Date | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Full Name (Last, First, Middle Initial) Ms. Phyllis Stoneburner Mailing Address 4544 Miarfield C City Chesapeake | 237.50 Circle State Zip Code VA 23321-4262 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer Sentara Obici Hospital Receipt For: Primary General Other (specify) | Occupation Vice President, Patient Care Services Aggregate Year-to-Date 350.00 | 350.00 |
| Full Name (Last, First, Middle Initial) Mr John Stone Mailing Address 1857 Ames Circ City Chesapeake FEC ID number of contributing federal political committee. | State Zip Code VA 23321 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer Bon Secours Hampton Rd Receipt For: Primary General Other (specify) ▼ | Occupation Vice President Advocacy Aggregate Year-to-Date 350.00 | |
| SUBTOTAL of Receipts This Page (opt | tional) | 900.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 35 / 101 (check only one) X |
|--|---|---|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | Statements may not be sold or used by any person e name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Douglas Thompson Mailing Address 6015 Poplar Hall Driv | e Ste 300 | Date of Receipt 0 7 |
| City | State Zip Code | Transaction ID: 17351320 |
| Norfolk | VA 23502 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 350.00 |
| Name of Employer Sentara Healthcare | Occupation VP, Reinventing Decision Support | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 |] |
| Full Name (Last, First, Middle Initial) Dr. Raymond G Troiano, , M.D. Mailing Address 1060 First Colonial Re | nad | Date of Receipt |
| | | 07 14 2009 |
| City | State Zip Code | Transaction ID: 17351326 |
| Virginia Beach FEC ID number of contributing federal political committee. | VA 23454-3002 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Sentara Virginia Beach Ge- neral Hospita | Occupation Vice President and Administrator | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Mr Robert Vaughan | | Date of Receipt |
| Mailing Address 147 Bogey Lane | | 07 14 2009 |
| City Salem | State Zip Code VA 24153-6858 | Transaction ID: 17351333 |
| FEC ID number of contributing federal political committee. | VA 24153-6858 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Carilion Clinic | Occupation V/P Finance | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| | 1 | 1050.00 |

| SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 36 / 101 (check only one) X 11a |
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| Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PAC | d Statements may not be sold or used by any person the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Dr. Mark Werner, M.D. Mailing Address 809 Pendleton Drive City Salem | State Zip Code VA 24153-2648 | Date of Receipt O 7 |
| FEC ID number of contributing federal political committee. Name of Employer Carilion Clinic Receipt For: Primary General | Occupation Sr. Vice President Aggregate Year-to-Date ▼ | 350.00 |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) Ray Williams Mailing Address 2409 Edenton Court | | Date of Receipt 0 7 1 4 2 0 0 9 |
| City Virginia Beach FEC ID number of contributing federal political committee. Name of Employer Sentara Healthcare | State Zip Code VA 23456-6562 C Occupation | Transaction ID: 17351336 Amount of Each Receipt this Period 350.00 |
| Receipt For: Primary General Other (specify) | VP CAO Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Mr. Patrick A Schlenker Mailing Address P O Box 889 City | State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Chipley FEC ID number of contributing federal political committee. | FL 32428-0889 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Northwest Florida Community Hospital Receipt For: Primary General Other (specify) ▼ | Occupation President Aggregate Year-to-Date ▼ 250.00 | |
| SUBTOTAL of Receipts This Page (optional |) > | 950.00 |

| SCHEDULE A (FEC | • | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 37 / 101 (check only one) X 11a |
|---|--------------------------------|---|---|
| Any information copied from s or for commercial purposes, o | ther than using the name and a | ay not be sold or used by any pers ddress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| American Hospital Ass | ociation PAC | | |
| Full Name (Last, First, Mide Ms. Sarah Sallas | , | | Date of Receipt |
| | Parrs Street | 7in Oada | 07 15 2009 |
| City Jacksonville | State FL | Zip Code 32204-4704 | Transaction ID: 17356786 Amount of Each Receipt this Period |
| FEC ID number of contributed federal political committee. | | SEES 1 17 0 1 | 300.00 |
| Name of Employer St. Vincent's Medical Cen- ter | Occupati Director | | |
| Receipt For: | | te Year-to-Date ▼ | |
| Primary Ge Other (specify) ▼ | neral | 300.00 | |
| Full Name (Last, First, Mid- Mr. Stephen A Purves, , FAC | HE | | Date of Receipt |
| Mailing Address 1500 S | W 1st Ave | | 07 15 Y Y Y Y Y Y Y |
| City | State | Zip Code | Transaction ID: 17356798 |
| <u>Ocala</u> | FL | 34471-6504 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | ting | | 1000.00 |
| Name of Employer Munroe Regional Medical Center | Occupati Preside | on nt and Chief Executive Office | er |
| Receipt For: | | te Year-to-Date ▼ | |
| Primary ☐ Ge Other (specify) ▼ | neral | 1000.00 | |
| Full Name (Last, First, Mide Mr. Hugh Greene | dle Initial) | | Date of Receipt |
| Mailing Address 800 Pr | udential Drive | | 07 |
| City | State | Zip Code | Transaction ID: 17356799 |
| <u>Jacksonville</u> | FL. | 32207-8202 | Amount of Each Receipt this Period |
| FEC ID number of contribution federal political committee. | C | | 1000.00 |
| Name of Employer Baptist Health | | nt and Chief Executive Office | or |
| Receipt For: Primary Ge Other (specify) ▼ | Aggrega neral | te Year-to-Date ▼ 1000.00 | |
| SUBTOTAL of Receipts This | Page (optional) | | 2300.00 |
| | e this line number only) | <u> </u> | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 38 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | atements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| Α. | Full Name (Last, First, Middle Initial) Mr. Zeff Ross | | Date of Receipt |
| | Mailing Address 703 North Flamingo Ro | | 07 15 2009 |
| | City Dombroko Dinos | State Zip Code | Transaction ID: 17356800 |
| | Pembroke Pines | FL 33028-1006 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1000.00 |
| | Name of Employer Memorial Hospital West | Occupation Senior Vice President, Operations | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1000.00 | |
| - В. | Full Name (Last, First, Middle Initial) Mr. Ronald A Hytoff | | Date of Receipt |
| | Mailing Address P O Box 1289 | | 07 15 2009 |
| | City | State Zip Code | Transaction ID: 17356801 |
| | <u>Tampa</u> | FL 33601-1289 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1000.00 |
| | Name of Employer Tampa General Hospital | Occupation President and Chief Executive Officer | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 1000.00 | |
| - C. | Full Name (Last, First, Middle Initial) Mr. Fred Hipp, Jr. | | Date of Receipt |
| | Mailing Address 401 Route 73 North 50 Lake Center Drive, \$ | Suite 404 | 07 17 2009 |
| | City | State Zip Code | Transaction ID: 17359868 |
| | <u>Marlton</u> | NJ 08053-3424 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 500.00 |
| | Name of Employer Virtua Health | Occupation Vice President | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 500.00 | |
| | SURTOTAL of Receipts This Base (antional) | | 2500.00 |
| } | SUBTOTAL of Receipts This Page (optional) | · | |
| | TOTAL This Period (last page this line number | only) | |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 39 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
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| Any information copied from such Reports a or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) American Hospital Association PA | and Statements may not be sold or used by any persong the name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs Mailing Address 23 E. Delaware Av | renue | Date of Receipt |
| City Pennington | State Zip Code NJ 08534-2302 | 0 7 |
| FEC ID number of contributing federal political committee. | C | 5.00 |
| Name of Employer New Jersey Hospital Association Receipt For: Primary General Other (specify) ▼ | Occupation General Counsel Aggregate Year-to-Date 320.00 | |
| Full Name (Last, First, Middle Initial) Mr. Al Maghazehe Mailing Address 314 Stoney Ford F | Road | Date of Receipt 0 7 1 7 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17359879 |
| Holland FEC ID number of contributing federal political committee. | PA 18966-2510 | Amount of Each Receipt this Period 1927.00 |
| Name of Employer Capital Health | Occupation Chief Executive Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1927.00 | |
| Full Name (Last, First, Middle Initial) Mr. Richard P Miller | | Date of Receipt |
| Mailing Address 37 Milford Drive | | 07 17 2009 |
| City | State Zip Code | Transaction ID: 17359884 |
| MarIton FEC ID number of contributing federal political committee. | NJ 08053-5408 | Amount of Each Receipt this Period 500.00 |
| Name of Employer Virtua Health | Occupation President and Chief Executive Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| | | 2432.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule for each category of th Detailed Summary Pag | e Concect of my only) |
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| A | for commercial purposes, other than using the | Statements may not be sold or used by are name and address of any political comm | ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| ۸. | Full Name (Last, First, Middle Initial) Mr. David P Tilton | | Date of Receipt |
| | Mailing Address 624 Park Place | 7. 0. 1 | 07 17 2009 |
| | City Galloway | State Zip Code NJ 08205-6014 | Transaction ID: 17359901 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 500.00 |
| | Name of Employer AtlantiCare | Occupation President and Chief Executive | Officer |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.0 | |
| | Full Name (Last, First, Middle Initial) Mr Daniel Kelly | | Date of Receipt |
| | Mailing Address 508 2nd street N.E. | | 07 17 2009 |
| | City | State Zip Code | Transaction ID: 17360548 |
| | Watford City FEC ID number of contributing federal political committee. | ND 58854-7402 | Amount of Each Receipt this Period 350.00 |
| | Name of Employer McKenzie County Healthcare System | Occupation Chief Executive Officer | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | 00 |
| | Full Name (Last, First, Middle Initial) Ms. Vivian Austin | | Date of Receipt |
| | Mailing Address 10 Shorecrest Court | | 07 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: 17362947 |
| | Savannah FEC ID number of contributing federal political committee. | GA 31410-1054 | Amount of Each Receipt this Period 250.00 |
| | Name of Employer St. Joseph's/Candler, Can- dler Hospital | Occupation Nursing Supervisor | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 250.0 | 00 |
| Γ | CURTOTAL of Possints This Poss (antional) | | 1100.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 41 / 101 (check only one) X |
|-----|---|-------------------------------|---|---|
| | ny information copied from such Reports and Si r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | tatements may name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| . ∠ | Full Name (Last, First, Middle Initial) Mr. Larry Sanders, , FACHE Mailing Address 707 Center Street, Suit | te 400 | | Date of Receipt 0 7 2 0 2 0 0 9 |
| | City Columbus | State GA | Zip Code 31901-1526 | Transaction ID: 17362967 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Columbus Regional Healthc- are System Receipt For: ☐ Primary ☐ General Other (specify) ▼ | | n n and Chief Executive Office Year-to-Date ▼ 250.00 | er |
| 3. | Full Name (Last, First, Middle Initial) Mr. Philip Wolfe Mailing Address 2716 Wynnton Drive | | | Date of Receipt 0 7 2 0 2 0 0 9 |
| | City | State | Zip Code | 07 20 2009 Transaction ID: 17362987 |
| | Duluth | GA | 30097-3706 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 250.00 |
| | Name of Employer Gwinnett Medical Center | Occupation Chief Exe | n ecutive Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 250.00 | |
| . – | Full Name (Last, First, Middle Initial) Mr. Wayne B. Griffith | | | Date of Receipt |
| | Mailing Address P.O.Box 901 | | | 07 20 2009 |
| | City | State | Zip Code | Transaction ID: 17362990 |
| | Princeton FEC ID number of contributing federal political committee. | C | 24740-0901 | Amount of Each Receipt this Period 500.00 |
| | Name of Employer Princeton Community Hospi- tal | Occupation Chief Exe | n ecutive Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 500.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1000.00 |

| SCHEDULE A (FEC For ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 42 / 101 (check only one) X 11a |
|---|--|---|
| Any information copied from such Re or for commercial purposes, other that NAME OF COMMITTEE (In Full) American Hospital Association | oorts and Statements may not be sold or used by any person using the name and address of any political committee to on PAC | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initia Mr. Normand E Deschene, , FACHE Mailing Address 18 Whiley Ro City Groton FEC ID number of contributing federal political committee. Name of Employer Lowell General Hospital | | Date of Receipt M M |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 |] |
| Full Name (Last, First, Middle Initia Dr. Richard Aubut Mailing Address 130 Ledgewo | <u></u> | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City | State Zip Code | Transaction ID: 17365664 |
| Dedham FEC ID number of contributing federal political committee. | MA 02026-6323 | Amount of Each Receipt this Period 350.00 |
| Name of Employer South Shore Hospital | Occupation President and Chief Executive Office | er |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initia Mr. Douglas S. Vang | , | Date of Receipt |
| Mailing Address 2690 58th Av | enue | 07 20 YYYY 20 2009 |
| City | State Zip Code | Transaction ID: 17367481 |
| Greeley FEC ID number of contributing federal political committee. | CO 80634-4528 | Amount of Each Receipt this Period 250.00 |
| Name of Employer North Colorado Medical Ce- nter | Occupation Administrator | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| SURTOTAL of Receipts This Page | optional) | 1600.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 43 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|--|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | statements may not be sold or used by any perso name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Christine M Harff Mailing Address 120 LaBree Avenue So | outh | Date of Receipt 0 7 2 0 7 2 0 9 |
| City | State Zip Code | Transaction ID: 17367566 |
| Thief River Falls | MN 56701-2819 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 250.00 |
| Name of Employer MeritCare Thief River Fal- ls Northwest Receipt For: | Occupation Chief Executive Officer | |
| Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Ms Kathy Johnson Mailing Address 200 North Elm Street | | Date of Receipt |
| 200 | | 07 20 2009 |
| City Onamia | State Zip Code MN 56359-7901 | Transaction ID: 17367570 |
| FEC ID number of contributing federal political committee. | C 30339-7901 | Amount of Each Receipt this Period 250.00 |
| Name of Employer Johnson Memorial Health Services | Occupation Administrator | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. Brendan Cassidy | | Date of Receipt |
| Mailing Address 2136 Ford Parkway | | 07 20 7 2009 |
| City <u>S</u> aint Paul | State Zip Code MN 55116-1863 | Transaction ID: 17367614 |
| FEC ID number of contributing federal political committee. | C 33110-1603 | Amount of Each Receipt this Period 750.00 |
| Name of Employer Medicalis | Occupation Account Executive | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1250.00 |
| TOTAL This Period (last page this line number | · | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | X) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 44 / 101 (check only one) X 11a 11b 11c 12 |
|---|---|---|--|
| Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) | nd Statements may g the name and add | not be sold or used by any persongers of any political committee to | n for the purpose of soliciting contributions o solicit contributions from such committee. |
| American Hospital Association PA | C | | _ |
| Full Name (Last, First, Middle Initial) Mr. William Fenske Mailing Address 301 S. Oak Avenue | e SW | | Date of Receipt |
| City | State | Zip Code | 07 20 2009 Transaction ID: 17367628 |
| Willamar FEC ID number of contributing federal political committee. | C | 56201 | Amount of Each Receipt this Period 125.00 |
| Name of Employer Rice Memorial Hospital | Occupation Chief Fin | n ancial Officer | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. Harlan Hallquist | | | Date of Receipt |
| Mailing Address 9855 West 78th Str Suite 270 | reet | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City | State | Zip Code | Transaction ID: 17367631 |
| Eden Prairie | MN | 55344-8002 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 250.00 |
| Name of Employer J.E. Dunn Construction Co- | Occupation Vice Pres | | |
| mpany Receipt For: | - 1 t | Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 0 0 | 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. James F Hanko | • | | Date of Receipt |
| Mailing Address 1300 Anne St. NW | | | 07 20 2009 |
| City | State | Zip Code | Transaction ID: 17367632 |
| Bemidji FEC ID number of contributing | MN | 56601-5103 | Amount of Each Receipt this Period |
| federal political committee. | C | | 75.00 |
| Name of Employer North Country Regional Ho- spital | | t and Chief Executive Office | r |
| Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 300.00 | |
| | | | 450.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 45 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|----------|---|--|---|
| Ai or | ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any per e name and address of any political committee | son for the purpose of soliciting contributions to solicit contributions from such committee. |
| \angle | American Hospital Association PAC | | |
| ۱. | Full Name (Last, First, Middle Initial) Mr. James P Ulrich, , Jr. | | Date of Receipt |
| | Mailing Address 1301 East H Street PO Box 1328 | | 07 21 2009 |
| | City McCook | State Zip Code NE 69001-3482 | Transaction ID: 17367634 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer Community Hospital | Occupation President and Chief Executive Offic | er |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| | Full Name (Last, First, Middle Initial) Mr. Fred J Meis | | Date of Receipt |
| | Mailing Address 223 S. Logan Avenue | | 07 21 7 2009 |
| | City | State Zip Code | Transaction ID: 17367640 |
| | Minden FEC ID number of contributing federal political committee. | NE 68959-1838 | Amount of Each Receipt this Period 350.00 |
| | Name of Employer Kearney County Health Ser- vices | Occupation Chief Executive Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| | Full Name (Last, First, Middle Initial) Mr. James H. Ross | | Date of Receipt |
| | Mailing Address 2900 West Picket Pos | t Street | 07 22 YYYY 2009 |
| | City Columbia | State Zip Code MO 65203-9581 | Transaction ID: 17367752 |
| | FEC ID number of contributing federal political committee. | MO 65203-9581 | Amount of Each Receipt this Period 335.00 |
| | Name of Employer University of Missouri He- alth Care | Occupation Chief Executive Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 335.00 | |
| Г | NIDTOTAL (D TIL D () | | 1035.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 46 / 101 (check only one) X 11a |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Mr. John W. Bluford Mailing Address 2301 Holmes Street City Kansas City FEC ID number of contributing federal political committee. Name of Employer Truman Medical Center-Hospital Hill Receipt For: Primary General | State Zip Code MO 64108-2640 C Occupation President and Chief Executive Office Aggregate Year-to-Date | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Other (specify) ▼ Full Name (Last, First, Middle Initial) Ms. Mary C. Becker Mailing Address 7800 South Eagle Roa City Columbia FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Associa- | State Zip Code MO 65203-9017 C Occupation | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| tion Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | Senior VP, Commc. & Health Improv Aggregate Year-to-Date ▼ 218.75 | |
| Mr. Daniel R. Landon Mailing Address 611 Belridge Drive P.O. Box 60 City Jefferson City FEC ID number of contributing federal political committee. | State Zip Code MO 65109-0755 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Name of Employer Missouri Hospital Association Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ | Occupation Sr. Vice President, Governmental Re Aggregate Year-to-Date ▼ 312.50 | lat |
| SUBTOTAL of Receipts This Page (optional) | | 1106.25 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 47 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|------------|--|--|--|
| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | atements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| ∆ . | Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff Mailing Address 5119 Coventry Waye City Jefferson City FEC ID number of contributing federal political committee. Name of Employer Missouri Hospital Associa- | State Zip Code MO 65101-8284 C Occupation | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Missouri Hospital Association Receipt For: Primary General Other (specify) ▼ | Senior Vice President & CFO Aggregate Year-to-Date ▼ 218.75 | |
| 3. | Full Name (Last, First, Middle Initial) Mr. Jerry M. Sill, J.D. Mailing Address 2906 Valley View Terra | се | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: 17367803 |
| | Jefferson City | MO 65109-1069 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 43.75 |
| | Name of Employer Missouri Hospital Associa- tion | Occupation Senior Vice President & General Cour | nse |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 218.75 | |
| - :. | Full Name (Last, First, Middle Initial) Mr. Marc D. Smith | | Date of Receipt |
| | Mailing Address 5612 Tanner Bridge Ro | ad | 07 21 YYYY 2009 |
| | City | State Zip Code | Transaction ID: 17367804 |
| | Jefferson City | MO 65101-8275 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 125.00 |
| | Name of Employer Missouri Hospital Associa- tion | Occupation President and Chief Executive Officer | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 625.00 | |
| | SUBTOTAL of Receipts This Page (optional) | > | 212.50 |
| | TOTAL This Period (last page this line number of | nnly) | |

| SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 48 / 101 (check only one) X |
|--|---|---|
| Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | Statements may not be sold or used by any perse aname and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Sheri Milone Mailing Address P O Box 25555 City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Lovelace Women's Hospital | State Zip Code NM 87125-0555 C Occupation Chief Executive Officer and Administ | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |
| Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins Mailing Address 6180 Lower Mountain | Road | Date of Receipt 0 7 2 4 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17373507 |
| New Hope | PA 18938-5760 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 25.42 |
| Name of Employer New Jersey Hospital Assoc- iation | Occupation Sr. VP., Health Economics | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 217.94 | |
| Full Name (Last, First, Middle Initial) Mr. Fredrick J. Jacobs | 1 | Date of Receipt |
| Mailing Address 23 E. Delaware Avenu | е | M M / D D / Y Y Y Y Y O O O |
| City | State Zip Code | Transaction ID: 17373508 |
| Pennington | NJ 08534-2302 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 5.00 |
| Name of Employer New Jersey Hospital Assoc- iation | Occupation General Counsel | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | |
| | | 280.42 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 49 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Nancy R. Willis Mailing Address 900 East Broadway City Bismarck FEC ID number of contributing federal political committee. Name of Employer St. Alexius Medical Center | State Zip Code ND 58501-4520 C Occupation VP of Government Relations & Market | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Mr. Richard T Palmisano, II, R.N. Mailing Address 159 Valley Park Dr. | | Date of Receipt 0 7 2 7 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17373611 |
| <u>Spofford</u> | NH 03462-4634 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 500.00 |
| Name of Employer North Adams Regional Hosp- ital | Occupation President and Chief Executive Office | <u>r</u> |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| Full Name (Last, First, Middle Initial) Mr. John G O'Brien | | Date of Receipt |
| Mailing Address 1 Biotech Park | | 07 24 2009 |
| City | State Zip Code MA 01605-2982 | Transaction ID: 17373731 |
| Worcester FEC ID number of contributing federal political committee. | MA 01605-2982 | Amount of Each Receipt this Period 500.00 |
| Name of Employer UMass Memorial Health Car- e, Inc. | Occupation President and Chief Executive Office | r |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1350.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 50 / 101 (check only one) X |
|--|-----------------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | Statements may be name and add | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions |
| Full Name (Last, First, Middle Initial) Gary Lapidas Mailing Address 33 Christine St. City Worcester FEC ID number of contributing | State MA | Zip Code 01606-2306 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| federal political committee. Name of Employer UMass Memorial Health Care, Inc. Receipt For: Primary General Other (specify) ▼ | - ' | n ice President e Year-to-Date ▼ | 500.00 |
| Full Name (Last, First, Middle Initial) Mr. John Allen, FACHE Mailing Address P O Box 1990 City Kearney FEC ID number of contributing federal political committee. Name of Employer Good Samaritan Health Systems Receipt For: Primary General Other (specify) | - ' | Zip Code 68848-1990 n t and Chief Executive Officer e Year-to-Date ▼ 500.00 | Date of Receipt M M Z 7 Z 7 Z 0 0 9 Transaction ID: 17373736 Amount of Each Receipt this Period 500.00 |
| Full Name (Last, First, Middle Initial) Mr. William L Welch, , FACHE Mailing Address P O Box 277 City Fairbury FEC ID number of contributing federal political committee. Name of Employer Jefferson Community Health Center Receipt For: Primary General Other (specify) | | Zip Code 68352-0277 n ecutive Officer e Year-to-Date 350.00 | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| SUBTOTAL of Receipts This Page (optional) | | | 1350.00 |

| Any information copied from such Reports and Statements may not be sol or for commercial purposes, other than using the name and address of an NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. David M Barrett, , M.D. Mailing Address 41 Mall Road City State Zip Comparison May 01809 FEC ID number of contributing federal political committee. Name of Employer Lahey Clinic Hospital Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) | Date of Receipt Date of Receipt 2 7 |
|--|--|
| A. Dr. David M Barrett, , M.D. Mailing Address 41 Mall Road City State Zip Control Man | 0 7 2 7 2 0 0 9 Transaction ID: 17373771 |
| Full Name (Last, First, Middle Initial) | |
| Mr. Dave A. Nelson Mailing Address 156 North Oak Park Avenue, Apt. 1G City State Zip Co | Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| FEC ID number of contributing federal political committee. Name of Employer St. Marys Health Center Receipt For: Primary General Other (specify) ▼ C Occupation Interim Chief Fina Aggregate Year-to-Day Other (specify) ▼ | |
| FEC ID number of contributing federal political committee. | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| CCM DoDaul Hoalth Contor | |
| SUBTOTAL of Receipts This Page (optional) | ategic Development late ▼ 500.00 |

| SCHEDULE ITEMIZED F | A (FEC Form 3X) RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 52 / 101 (check only one) X |
|---|--|----------------------------|---|---|
| or for commercial NAME OF CO | opied from such Reports and St purposes, other than using the MMITTEE (In Full) ospital Association PAC | atements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Mr. Robert F Sa | st, First, Middle Initial) rama s 111 Lingbergh Place D | rive | | Date of Receipt |
| City Saint Louis | | State MO | Zip Code 63146-5902 | Transaction ID: 17388243 Amount of Each Receipt this Period |
| | er of contributing committee. | C | 03140-3302 | 300.00 |
| Name of Emplo SSM St. Josep ter Receipt For: Primary Other (sp | General | | Affairs/Medical Director e Year-to-Date ▼ 300.00 | |
| Full Name (Las Mr. Charles Joh Mailing Addres | | | | Date of Receipt 0 7 3 1 2 0 0 9 |
| City | | State | Zip Code | Transaction ID: 17389185 |
| Pauls Valley FEC ID numbe federal political | er of contributing | OK OK | 73075-0368 | Amount of Each Receipt this Period 500.00 |
| Name of Emplo Pauls Valley G ital | oyer eneral Hosp- | Occupatio Chief Ex | n ecutive Officer | |
| Receipt For: Primary Other (sp | General pecify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| Full Name (Las Mr. Michael Nui | st, First, Middle Initial) namaker | | | Date of Receipt |
| Mailing Addres | s 2220 West Iowa Avenu | е | | 07 31 YYYY 2009 |
| City | | State | Zip Code | Transaction ID: 17389187 |
| Chickasha FEC ID numbe federal political | er of contributing committee. | OK OK | 73018-2700 | Amount of Each Receipt this Period 250.00 |
| Name of Emplo Grady Memoria | oyer al Hospital | Occupatio Chief Ex | n ecutive Officer | |
| Receipt For: Primary Other (sp | General pecify) ▼ | Aggregate | e Year-to-Date ▼ 500.00 | |
| SUBTOTAL of R | | | | 1050.00 |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 53 / 101 (check only one) X |
|---|--|---|
| Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Hospital Association PA | and Statements may not be sold or used by any persong the name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| Full Name (Last, First, Middle Initial) Ms. Patricia Conway-Morana Mailing Address 3300 Gallows Roa | d State Zip Code | Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y |
| Falls Church FEC ID number of contributing federal political committee. | VA 22042-3307 | Amount of Each Receipt this Period 25.00 |
| Name of Employer Inova Fairfax Hospital Receipt For: Primary General Other (specify) ▼ | Occupation Chief Nurse Executive Aggregate Year-to-Date 525.00 | |
| Full Name (Last, First, Middle Initial) Mr. William H. Flannagan, Jr. Mailing Address 3131 Rivanna Cou | ırt | Date of Receipt 0 7 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: 17401207 |
| Woodbridge | VA 22192-3373 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Potomac Hospital | Occupation Executive Vice President | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Ms. Cynthia Kilgore | | Date of Receipt |
| Mailing Address 9888 Becket Ct. | | 07 31 7 2009 |
| City <u>Fai</u> rfax | State Zip Code VA 22032-2412 | Transaction ID: 17401209 |
| FEC ID number of contributing federal political committee. | VA 22032-2412 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Inova Health System | Occupation Administrator | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| SURTOTAL of Receipts This Page (option | al) | 725.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 54 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|---|
| Any information copied from such Reports and S or for commercial purposes, other than using the | Statements may not be sold or used by any person ename and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Linda Sallee | | Date of Receipt |
| Mailing Address 900 North Stuart | 7.0.1 | 07 31 7 2009 |
| City Arlington | State Zip Code VA 22203-4101 | Transaction ID: 17401861 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Inova Health System | Occupation Assistant Vice President | |
| Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Mr. John M. Toups | | Date of Receipt |
| Mailing Address 1460 Waggaman Circ | le | 07 31 YYYY 2009 |
| City | State Zip Code | Transaction ID: 17402420 |
| <u>McLean</u> | VA 22101-4004 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 350.00 |
| Name of Employer Inova Health System | Occupation Trustee | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| Full Name (Last, First, Middle Initial) Ms. Cheryl Ward | | Date of Receipt |
| Mailing Address 4320 Seminary Road | | 07 31 7 2009 |
| City | State Zip Code | Transaction ID: 17402422 |
| Alexandria FEC ID number of contributing federal political committee. | VA 22304-1500 | Amount of Each Receipt this Period 350.00 |
| Name of Employer Inova Alexandria Hospital | Occupation Director | |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |
| SUBTOTAL of Receipts This Page (optional) | | 1050.00 |
| TOTAL This Period (last page this line number | · | |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 55 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|---|--|---|
| ny information copied from such Reports and r | Statements may not be sold or used by any per part and address of any political committee. | erson for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | | |
| American Hospital Association PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Francis M Saba | | Date of Receipt |
| Mailing Address 14 Prospect Street | | 07 10 2009 |
| City | State Zip Code | Transaction ID: 17449440 |
| Milford | MA 01757-3090 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 0.00 |
| Name of Employer Milford Regional Medical Center | Occupation Chief Executive Officer | |
| Receipt For: | Aggregate Year-to-Date ▼ | [MEMO ITEM] |
| Primary General Other (specify) ▼ | 500.00 | Refund(s) on Schedule B Totaling \$500.00 This cha- nges the YTD Total to \$50- |
| Full Name (Last, First, Middle Initial) Mr. Kevin Stranberg | 1 | 0.00 Date of Receipt |
| Mailing Address 62461 Dahlstrom Roa | d | 07 28 2009 |
| City | State Zip Code | Transaction ID: 17449441 |
| Ashland | WI 54806-4232 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 0.00 |
| Name of Employer Memorial Medical Center - Ashland | Occupation Director of Public Relations | |
| Receipt For: | Aggregate Year-to-Date ▼ | [MEMO ITEM] |
| Primary General Other (specify) ▼ | 50.00 | Refund(s) on Schedule B Totaling \$50.00 This changes the YTD Total to \$50 |
| Full Name (Last, First, Middle Initial) Ms. Katie Vaughan | | Date of Receipt |
| Mailing Address 506A East Howell Ave | enue | 07 31 2009 |
| City | State Zip Code | Transaction ID: PR1034595122742 |
| Alexandria | VA 22301-1216 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.00 |
| Name of Employer American Hospital Associa- tion-Washingt | Occupation Associate Director | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| SUBTOTAL of Receipts This Page (optional). | 1 | 60.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 56 / 101 (check only one) X 11a |
|-------------|---|------------------------------|---|---|
| \ \ \ | Any information copied from such Reports and Star for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may name and ado | not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| / | American Hospital Association PAC | | | |
| ۱. | Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton Mailing Address 325 Seventh Street, NW | W | | Date of Receipt |
| | Suite 700 | | | 07 31 2009 |
| | City Washington | State DC | Zip Code 20004-2818 | Transaction ID: PR1045726222742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 1 1 1 1 1 1 | 117.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | | ce President & General Cou | nse |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) Ms. Barbara Jellen | | | Date of Receipt |
| | Mailing Address 325 Seventh Street, NV Suite 700 | V | | 07 / 31 / 2009 |
| | City Washington | State DC | Zip Code 20004-2818 | Transaction ID: PR1113464222742 |
| | FEC ID number of contributing federal political committee. | C | 20004-2010 | Amount of Each Receipt this Period 42.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | | Director, Constituency Section | on |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 210.00 | P/R Deduction (\$14.00 Bi-Weekly) |
| . – | Full Name (Last, First, Middle Initial) Mr. Davon Gray | | | Date of Receipt |
| | Mailing Address 325 Seventh Street, NV Suite 700 | V | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State | Zip Code | Transaction ID: PR1143013022742 |
| | Washington FEC ID number of contributing federal political committee. | C | 20004-2818 | Amount of Each Receipt this Period 42.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | | ve Assistant | |
| | Receipt For: Primary General Other (specify) | Aggregate | Year-to-Date ▼ 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 201.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 57 / 101 (check only one) X 11a 11b 11c 12 15 16 11 |
|-----|--|---|---|
| 4 | or for commercial purposes, other than using the | tatements may not be sold or used by any person name and address of any political committee to s | for the purpose of soliciting contributions olicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| ۱. | Full Name (Last, First, Middle Initial) Mr. David L. Allen | | Date of Receipt |
| | Mailing Address 325 Seventh Street, NV | | 07 31 2009 |
| | City <u>Washington</u> | State Zip Code DC 20004-2818 | Transaction ID: PR1234662822742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 42.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Associate Director, Media Relations | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | P/R Deduction (\$14.00 Bi- |
| | Other (specify) ▼ | 210.00 | Weekly) |
| . – | Full Name (Last, First, Middle Initial) Ms. Mary Meadows | | Date of Receipt |
| | Mailing Address One North Franklin | | 07 31 YYYY 2009 |
| | City | State Zip Code | Transaction ID: PR1260472922742 |
| | Chicago FEC ID number of contributing | IL 60606-3436 | Amount of Each Receipt this Period |
| | federal political committee. | C | 42.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Director of Professional Practice, AON | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) Ms. Michelle M. Mathy | | Date of Receipt |
| | Mailing Address 1660 Lanier PL Apt. 30 | 09 | 07 31 YYYYY 2009 |
| | City | State Zip Code | Transaction ID: PR1300853722742 |
| | Washington FEC ID number of contributing | DC 20009-2938 | Amount of Each Receipt this Period |
| | federal political committee. | C | 42.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Project Manager AHAPAC Coordinator | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | P/R Deduction (\$14.00 Bi- |
| | Other (specify) ▼ | 210.00 | Weekly) |
| | | ······ | 126.00 |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | , | Use separate schedule(s) for each category of the Detailed Summary Page | (check only one) X 11a |
|---|------------------------|---|--|
| Any information copied from such Reports and or for commercial purposes, other than using the | Statements may | y not be sold or used by any pers | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | TO HAITIC AIRA AAN | areas or arry political committee to | 5 Soliot Contributions from Such Continues. |
| American Hospital Association PAC | | | |
| Full Name (Last, First, Middle Initial) Mr. Stephen Mayfield | | | Date of Receipt |
| Mailing Address One North Franklin S Suite 32139 | Street | | 07 31 2009 |
| City | State | Zip Code | Transaction ID: PR1302378922742 |
| <u>Chicago</u> | <u> </u> | 60606 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 130.44 |
| Name of Employer American Hospital Associa- tion-Chicago | Occupatio Senior V | n ice President | |
| Receipt For: | Aggregate | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | | 521.76 | P/R Deduction (\$43.48 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Ms. Frances Margolin | | | Date of Receipt |
| Mailing Address One North Franklin | | | 07 31 2009 |
| City | State | Zip Code | Transaction ID: PR1347702722742 |
| Chicago | <u> L</u> | 60606-3436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 60.00 |
| Name of Employer American Hospital Associa- tion-Chicago | Occupatio Vice Pres | n sident, Operations HRET | |
| Receipt For: | Aggregate | e Year-to-Date | |
| Primary General Other (specify) ▼ | | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Mr. James Wadzinski | | | Date of Receipt |
| Mailing Address One North Franklin | | | 07 31 2009 |
| City | State | Zip Code | Transaction ID: PR1347703422742 |
| Chicago | IL | 60606-3436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | | 60.00 |
| Name of Employer American Hospital Associa- | Occupatio Vice Pres | n sident Account Services | |
| tion-Chicago Receipt For: | | e Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 1.99.09410 | 950.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | | | 250.44 |

| Γ | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | for each cat Detailed Su | te schedule(s) tegory of the mmary Page | FOR LINE NUMBER: PAGE 59 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---------------------------------------|---|---|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may not be sold or name and address of any po | litical committee to se | for the purpose of soliciting contributions olicit contributions from such committee. |
| | American Hospital Association PAC | | | |
| ۱. | Full Name (Last, First, Middle Initial) Mr. Jack A. Mackay | | | Date of Receipt |
| | Mailing Address One North Franklin | | | 07 31 2009 |
| | City | State Zip Code | | Transaction ID: PR1347703622742 |
| | Chicago | IL 60606-34 | 36 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Vice President & CIO | | |
| | Receipt For: | Aggregate Year-to-Date | ▼ | |
| | Primary General Other (specify) ▼ | | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ s. | Full Name (Last, First, Middle Initial) Ms. Catherine D. Sewell | | | Date of Receipt |
| • | Mailing Address One North Franklin | | | 07 31 2009 |
| | City | State Zip Code | | Transaction ID: PR1347708422742 |
| | Chicago | IL 60606-34 | 36 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 117.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Executive Director, AS | SHHRA | |
| | Receipt For: | Aggregate Year-to-Date | ▼ | |
| | Primary General Other (specify) ▼ | | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Susan Gergely | | | Date of Receipt |
| | Mailing Address One North Franklin | | | 07 31 YYYY 2009 |
| | City | State Zip Code | | Transaction ID: PR1347791022742 |
| | Chicago | IL 60606-34 | 36 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 42.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Director of Operations | | |
| | Receipt For: Primary General | Aggregate Year-to-Date | ▼ | D/D D - 1 - 11 (0.1 1 0.0 D) |
| | Other (specify) ▼ | | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| Г | SUBTOTAL of Receipts This Page (optional) | | | 219.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 60 / 101 (check only one) X |
|---|---|---|--|
| , | ny information copied from such Reports and S r for commercial purposes, other than using the | tatements may not be sold or used by any person name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| | Full Name (Last, First, Middle Initial) Mr. John Slotman | | Date of Receipt |
| | Mailing Address 325 Seventh Street, N Suite 700 | | 07 31 7 2009 |
| | City <u>Washington</u> | State Zip Code DC 20004-2802 | Transaction ID: PR1384065322742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: Primary General Other (specify) ▼ | Occupation Associate Director, Federal Relations Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Stephanie H. Drake | | Date of Receipt |
| | Mailing Address One North Franklin | | 07 / 31 / 2009 |
| | City | State Zip Code | Transaction ID: PR1492459922742 |
| | Chicago FEC ID number of contributing federal political committee. | IL 60606-3436 | Amount of Each Receipt this Period 60.00 |
| | Name of Employer American Hospital Associa- tion-Chicago Receipt For: Primary General | Occupation Associate Executive Director - ASHHF Aggregate Year-to-Date 300.00 | P/R Deduction (\$20.00 Bi- |
| _ | Other (specify) | 300.00 | Weekly) |
| | Full Name (Last, First, Middle Initial) Ms. Linda Fishman | | Date of Receipt |
| | Mailing Address 325 Seventh Street, N Suite 700 | N | 07 31 2009 |
| | City | State Zip Code | Transaction ID: PR327629122742 |
| | Washington | DC 20004-2818 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: | Occupation Senior Vice President, Public Policy Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | 294.00 |

| ITE | HEDULE A (FEC Form 3X) MIZED RECEIPTS | totomonto ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 61 / 101 (check only one) X |
|-----------------|---|--------------|---|---|
| or for | nformation copied from such Reports and Si commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Hospital Association PAC | name and ad | y not be sold or used by any persidress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| Fı | ull Name (Last, First, Middle Initial) | | | Date of Receipt |
| _ | lailing Address 11004 Petersborough [| Drive | | 0 7 3 1 2 0 0 9 |
| | ity Rockville | State MD | Zip Code 20852-3249 | Transaction ID: PR327745922742 Amount of Each Receipt this Period |
| | EC ID number of contributing deral political committee. | C | | 117.00 |
| <u>tic</u> | ame of Employer merican Hospital Associa- on-Washingt eceipt For: Primary General Other (specify) ▼ | _ ' | Grassroots Advocacy e Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi-Weekly) |
| B. M | ull Name (Last, First, Middle Initial) Ir. Michael P. McCue lailing Address 122 N. Greenwood Ave | enue | | Date of Receipt 0 7 3 1 2 0 0 9 |
| | ity | State | Zip Code | Transaction ID: PR327771622742 |
| FI | ark Ridge EC ID number of contributing address political committee. | C | 60068-3227 | Amount of Each Receipt this Period 42.00 |
| A <u>tio</u> | ame of Employer merican Hospital Associa- on-Chicago eceipt For: Primary General Other (specify) ▼ | 1 | e Director e Year-to-Date ▼ 210.00 | P/R Deduction (\$14.00 Bi-Weekly) |
| . <u>M</u> | ull Name (Last, First, Middle Initial) ls. Suzanne R. Sonik ailing Address One North Franklin | | | Date of Receipt 0 7 3 1 2 0 0 9 |
| | ity | State | Zip Code | Transaction ID: PR327777222742 |
| FI | Chicago EC ID number of contributing orderal political committee. | C | 60606-3436 | Amount of Each Receipt this Period 42.00 |
| <u>tio</u> | ame of Employer merican Hospital Associa- on-Chicago eceipt For: Primary General Other (specify) ▼ | | n Long-Term Care e Year-to-Date ▼ 210.00 | P/R Deduction (\$14.00 Bi-Weekly) |
| SUB | BTOTAL of Receipts This Page (optional) | | | 201.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 62 / 101 (check only one) X |
|--------|--|--|---|
| A 0 | ny information copied from such Reports and S for commercial purposes, other than using the | statements may not be sold or used by any person name and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| | Full Name (Last, First, Middle Initial) Ms. Debra J. Stock | | Date of Receipt |
| | Mailing Address 1022 S. Harvey Avenu | | 07 31 2009 |
| | City Oak Park | State Zip Code IL 60304-2132 | Transaction ID: PR327777822742 |
| | FEC ID number of contributing federal political committee. | C 60304-2132 | Amount of Each Receipt this Period 60.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Vice President, Member Relations | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele | <u> </u> | Date of Receipt |
| | Mailing Address 1003 Kimberly Place | | 07 31 7 2009 |
| | City | State Zip Code | Transaction ID: PR327801722742 |
| | Great Falls | VA 22066-1546 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 60.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Executive Vice President | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | 1 222 1 1 (222 22 2) |
| | Other (specify) | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN | | Date of Receipt |
| | Mailing Address 325 Seventh Street, N Suite 700 | | 07 31 7 2009 |
| | City | State Zip Code DC 20004-2818 | Transaction ID: PR327812022742 |
| | Washington FEC ID number of contributing | | Amount of Each Receipt this Period |
| | federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Chief Executive Officer, AONE | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | P/P Doduction (\$20.00 Bi |
| | Other (specify) | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| Γ | NIDTOTAL of Descripts This Descriptional | | 237.00 |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 63 / 101 (check only one) X 11a |
|---|---|--|---|---|
| A | ny information copied from such Reports and for commercial purposes, other than using the | Statements may note name and addre | ot be sold or used by any persess of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | |
| | Full Name (Last, First, Middle Initial) Ms. Joan H. Lewis | | | Date of Receipt |
| | Mailing Address 6034 North 22nd Stre | | | 07 31 7 2009 |
| | City <u>Arlington</u> | State VA | Zip Code 22205-3408 | Transaction ID: PR327831722742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: | Occupation Regional E Aggregate Yo | xecutive ear-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) Mr. Robert J. Donovan | | | Date of Receipt |
| | Mailing Address One North Franklin S | treet | | 07 31 YYYY 2009 |
| | City | State | Zip Code | Transaction ID: PR327846222742 |
| | Chicago | <u> L</u> | 60606 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 42.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Vice Presid | lent, Meetings & Travel Se | erv |
| | Receipt For: | Aggregate Y | ear-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga | | | Date of Receipt |
| | Mailing Address 2401 Calvert Street, I Apt. 1008 | VW | | 07 31 YYYYY 2009 |
| | City | State | Zip Code | Transaction ID: PR327851922742 |
| | Washington | DC | 20008-2614 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 60.00 |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: | | olicy Development ear-to-Date ▼ | |
| | Primary General Other (specify) ▼ | Aggregate 1 | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Г | SUBTOTAL of Receipts This Page (optional) | 1 | | 162.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 64 / 101 (check only one) X 11a |
|----------|--|---|---|
| 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | Statements may not be sold or used by any persename and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| <u>_</u> | Full Name (Last, First, Middle Initial) Mr. Mark Seklecki | | Date of Receipt |
| | Mailing Address 325 Seventh Street, N Suite 700 | | 07 / 31 / 2009 |
| | City Washington | State Zip Code DC 20004-2818 | Transaction ID: PR327858022742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) | Occupation Vice President, Political Affairs Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) Mr. John F. Barry Mailing Address One North Franklin | 0 0 0 0 0 0 0 0 | Date of Receipt |
| | | 7:0.1 | 07 31 2009 |
| | City Millis | State Zip Code MA 60606-3436 | Transaction ID: PR327877822742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Regional Executive | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) Mr. George F. Bergstrom | | Date of Receipt |
| | Mailing Address 130 North Garland Co | ourt | 07 31 7 2009 |
| | City | State Zip Code | Transaction ID: PR327895722742 |
| | Chicago FEC ID number of contributing | IL 60602-4750 | Amount of Each Receipt this Period 60.00 |
| | federal political committee. | | 00.00 |
| | Name of Employer American Hospital Associa- tion-Chicago Receipt For: | Occupation Vice President Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | 294.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 65 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
|-----------|--|--------------------------------|---|---|
| 4 | ny information copied from such Reports and S r for commercial purposes, other than using the | Statements may name and add | not be sold or used by any persections of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | |
| . ∠ 4. | Full Name (Last, First, Middle Initial) Ms. Judy Williams | | | Date of Receipt |
| | Mailing Address One North Franklin Str | reet | | 07 31 2009 |
| | City | State | Zip Code | Transaction ID: PR327918922742 |
| | Chicago | <u>IL</u> | 60606 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 42.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Director M | Membership | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| _ 3. | Full Name (Last, First, Middle Initial) Mr. Richard J. Umbdenstock | | | Date of Receipt |
| | Mailing Address 325 Seventh Street, NV Suite 700 | W | | 07 31 2009 |
| | City | State | Zip Code | Transaction ID: PR328132822742 |
| | Washington | DC | 20004-2818 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 117.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation President | and Chief Executive Office | er . |
| | Receipt For: | Aggregate 1 | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| _ ;. | Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach | | | Date of Receipt |
| | Mailing Address 204 7th Ave | | | 07 31 7 2009 |
| | City | State | Zip Code | Transaction ID: PR328136922742 |
| | La Grange | <u>IL</u> | 60525-6406 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 117.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | , · | resident, Member Relation | s |
| | Receipt For: | Aggregate | Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | <u> </u> | | 276.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 66 / 101 (check only one) X 11a |
|--------|--|--|---|
| A 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | statements may not be sold or used by any personance and address of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| | Full Name (Last, First, Middle Initial) Ms. Lauren A. Barnett | | Date of Receipt |
| | Mailing Address One North Franklin Str | | 07 31 2009 |
| | Chicago | State Zip Code IL 60606 | Transaction ID: PR328174922742 |
| | Chicago FEC ID number of contributing federal political committee. | IL 60606 | Amount of Each Receipt this Period 42.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Executive Director, SHSMD | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian | | Date of Receipt |
| | Mailing Address 5545 North Wayne | | 07 31 7 2009 |
| | City | State Zip Code | Transaction ID: PR328223822742 |
| | Chicago | IL 60640-1318 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Vice President | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D. | | Date of Receipt |
| | Mailing Address 13106 Vingle Lane | | 07 31 2009 |
| | City | State Zip Code | Transaction ID: PR328224922742 |
| | Silver Spring | MD 20906 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Senior Vice President | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | 1 | 276.00 |

| CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 67 / 101 (check only one) X 11a |
|---|---|--|
| any information copied from such Reports and S | Statements may not be sold or used by any persename and address of any political committee to | on for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) | , | |
| American Hospital Association PAC | | |
| Full Name (Last, First, Middle Initial) Mr. Ron O. Purcell | | Date of Receipt |
| Mailing Address 1093 N. Faldo Way | | 07 31 7 2009 |
| City | State Zip Code | Transaction ID: PR328241422742 |
| Eagle | ID 83616-5369 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.00 |
| Name of Employer American Hospital Associa- tion-Chicago | Occupation Regional Executive | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack | | Date of Receipt |
| Mailing Address 3475 North Venice Str | reet | 0 7 3 1 2 0 0 9 |
| City | State Zip Code | Transaction ID: PR328260922742 |
| Arlington | VA 22207-4446 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 117.00 |
| Name of Employer American Hospital Associa- tion-Washingt | Occupation Executive Vice President | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Mr. Richard H. Wade | 1 | Date of Receipt |
| Mailing Address 1221 Cavalier Road | | 07 31 7 2009 |
| City | State Zip Code | Transaction ID: PR328310422742 |
| Arnold | MD 21012-2126 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 117.00 |
| Name of Employer American Hospital Associa- tion-Washingt | Occupation Senior Vice President Strategic Com | mun |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| NIDTOTAL of Descript This Description () | | 294.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 68 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|--|---|
| 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | tatements may not be sold or used by any p name and address of any political committe | person for the purpose of soliciting contributions ee to solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| | Full Name (Last, First, Middle Initial) Ms. Lori M. Schor | | Date of Receipt |
| | Mailing Address 325 Seventh Street, N' Suite 700 | | 07 31 2009 |
| | City Washington | State Zip Code DC 20004-2818 | Transaction ID: PR328341822742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 117.00 |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: □ Primary □ General □ Other (specify) ▼ | Occupation Director, Political Action & Grassr Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina | | Date of Receipt |
| | Mailing Address 200 Clover Hill Court | | 07 31 2009 |
| | City | State Zip Code | Transaction ID: PR328511822742 |
| | Yardley FEC ID number of contributing federal political committee. | PA 19067-5736 | Amount of Each Receipt this Period 117.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Regional Executive | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell | | Date of Receipt |
| | Mailing Address 1501 N. Harrison Street | et | 07 31 2009 |
| | City | State Zip Code | Transaction ID: PR328512022742 |
| | Arlington | VA 22205-2726 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 60.00 |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: | Occupation Vice President, Media Relations Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | L | 294.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 69 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 11 |
|---------|--|--|--|
| 0 | r for commercial purposes, other than using the | Statements may not be sold or used by any person e name and address of any political committee to | n for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| ٨. | Full Name (Last, First, Middle Initial) Mr. George Arges | | Date of Receipt |
| | Mailing Address One North Franklin St | | 07 31 2009 |
| | City Chicago | State Zip Code IL 60606 | Transaction ID: PR328641122742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 68.19 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Senior Director, Health Data Manager | — nen |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 249.97 | P/R Deduction (\$22.73 Bi- Weekly) |
| - 3. | Full Name (Last, First, Middle Initial) Mr. Anthony J. Burke | | Date of Receipt |
| | Mailing Address One North Franklin Av | re. | $\begin{array}{cccccccccccccccccccccccccccccccccccc$ |
| | City | State Zip Code | Transaction ID: PR328913322742 |
| | Chicago FEC ID number of contributing | IL 60606 | Amount of Each Receipt this Period |
| | federal political committee. | C | 132.00 |
| | Name of Employer American Hospital Associa- tion | Occupation President & CEO, AHA Solutions, Inc. | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 528.00 | P/R Deduction (\$44.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey | | Date of Receipt |
| | Mailing Address One North Franklin St | reet | 07 31 YYYYY 2009 |
| | City | State Zip Code | Transaction ID: PR329013422742 |
| | Chicago FEC ID number of contributing federal political committee. | IL 60606 | Amount of Each Receipt this Period 60.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation SPSA Director | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | 260.19 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 70 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|----|--|----------------------------------|---|---|
| A | ny information copied from such Reports and r for commercial purposes, other than using the | Statements may e name and add | not be sold or used by any personess of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | |
| Z. | Full Name (Last, First, Middle Initial) Dr. John R. Combes, MD | | | Date of Receipt |
| | Mailing Address One North Franklin | | | 07 31 YYYYY 2009 |
| | Chicago | State IL | Zip Code | Transaction ID: PR329071322742 |
| | Chicago FEC ID number of contributing federal political committee. | C | 60606-3436 | Amount of Each Receipt this Period |
| | Name of Employer American Hospital Association-Chicago Receipt For: Primary General Other (specify) ▼ | - ' | & Chief Operating Officer, Year-to-Date ▼ 585.00 | C P/R Deduction (\$39.00 Bi-Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Robyn Cooke | | | Date of Receipt |
| | Mailing Address 325 Seventh Street, N Suite 700 | IW | | 07 31 2009 |
| | City | State | Zip Code | Transaction ID: PR329084422742 |
| | Washington FEC ID number of contributing | DC | 20004-2818 | Amount of Each Receipt this Period 60.00 |
| | federal political committee. | C | | 00.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Senior As | sociate Director | |
| | Receipt For: | Aggregate | Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese | 1 | | Date of Receipt |
| | Mailing Address 500 Interstate Bouleva | ard South | | 07 31 2009 |
| | City | State | Zip Code | Transaction ID: PR329215722742 |
| | <u>Nashville</u> | TN | 37210-4634 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 117.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | , | ional Executive | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) . | 1 | | 294.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 71 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|--|--|---|
| 0 | ny information copied from such Reports and S r for commercial purposes, other than using the | tatements may not be sold or used by any personame and address of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| | Full Name (Last, First, Middle Initial) Mr. John Evans | | Date of Receipt |
| | Mailing Address One North Franklin Str | | 07 31 2009 |
| | City | State Zip Code | Transaction ID: PR329342622742 |
| | Chicago FEC ID number of contributing | IL 60606 | Amount of Each Receipt this Period 42.00 |
| | federal political committee. | Occupation | |
| | Name of Employer American Hospital Associa- tion-Chicago | Senior Vice President & CFO | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | D/D D - 1 - 1 |
| | Other (specify) | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris | <u> </u> | Date of Receipt |
| | Mailing Address 1136 W. Farwell Ave. | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | Transaction ID: PR329654222742 |
| | Chicago | IL 60626-3861 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 42.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Executive Director, ASDVS | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Patricia Meersman | | Date of Receipt |
| | Mailing Address One North Franklin | | 07 31 2009 |
| | City | State Zip Code | Transaction ID: PR330343322742 |
| | Chicago | IL 60606-3436 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 60.00 |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Senior Director Member Relations | |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Γ | SUBTOTAL of Receipts This Page (optional) | | 144.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate s for each catego Detailed Summ | schedule(s) ory of the | FOR LINE NUMBER: PAGE 72 / 101 (check only one) X |
|---------------------------------------|---|--|---|---|
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Hospital Association PAC | atements may not be sold or use name and address of any politic | ed by any person for all committee to sol | or the purpose of soliciting contributions licit contributions from such committee. |
| | Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt | | | Date of Receipt |
| | Mailing Address One North Franklin | | | 0 7 3 1 2 0 0 9 |
| | Chicago | State Zip Code IL 60606-3436 | | Transaction ID: PR330411622742 |
| | Chicago FEC ID number of contributing federal political committee. | IL 60606-3436 | | Amount of Each Receipt this Period 60.00 |
| | Name of Employer American Hospital Association-Chicago Receipt For: ☐ Primary ☐ General Other (specify) ▼ | Occupation Associate Regional Execution Aggregate Year-to-Date ▼ | cutive 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| _ | Full Name (Last, First, Middle Initial) Ms. Maureen D. Mudron | | | Date of Receipt |
| | Mailing Address 325 Seventh Street, NV Suite 700 | I | | 07 31 2009 |
| | City | State Zip Code | | Transaction ID: PR330465222742 |
| | Washington FEC ID number of contributing federal political committee. | DC 20004-2818 | | Amount of Each Receipt this Period 42.00 |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: | Occupation Deputy General Counsel Aggregate Year-to-Date | I | |
| | Primary General Other (specify) ▼ | | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| | Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca | | | Date of Receipt |
| | Mailing Address 4960 138th Cricle Wes | | | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City | State Zip Code | | Transaction ID: PR330475422742 |
| | Apple Valley FEC ID number of contributing federal political committee. | MN 55124-9229 | | Amount of Each Receipt this Period |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Regional Executive | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) |
| | SUBTOTAL of Receipts This Page (optional) | | | 219.00 |

| SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 73 / 101 (check only one) X 11a 11b 11c 12 13 14 15 16 |
|--|---|---|
| Any information copied from such Reports or for commercial purposes, other than usin | and Statements may not be sold or used by any person ng the name and address of any political committee to s | for the purpose of soliciting contributions |
| NAME OF COMMITTEE (In Full) American Hospital Association Pa | AC | |
| Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard | | Date of Receipt |
| Mailing Address 6109 North 9th Ro | | 07 31 2009 |
| City <u>Arlington</u> | State Zip Code VA 22205-1609 | Transaction ID: PR330534322742 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.00 |
| Name of Employer American Hospital Associa- tion-Washingt | Occupation Senior Associate Director | - |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Mr. Gene O'Dell | | Date of Receipt |
| Mailing Address One North Frankli | n | 07 31 2009 |
| City | State Zip Code | Transaction ID: PR330547722742 |
| Chicago | IL 60606-3436 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 60.00 |
| Name of Employer American Hospital Associa- tion-Chicago | Occupation Vice President, Strategic Planning | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 300.00 | P/R Deduction (\$20.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe | | Date of Receipt |
| Mailing Address 172 Atteridge | | 07 31 YYYY 2009 |
| City | State Zip Code | Transaction ID: PR330549222742 |
| Lake Forest | IL 60045-1715 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | С | 141.00 |
| Name of Employer American Hospital Associa- tion-Chicago | Occupation Vice President, Constituency Section | _ |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 489.00 | P/R Deduction (\$47.00 Bi- Weekly) |
| OUDTOTAL of Descripts This Description | nal) | 261.00 |

| | CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedu for each category of t Detailed Summary Pa | the (Check only one) |
|-----------|---|--|--|
| A C | ny information copied from such Reports and S or for commercial purposes, other than using the | any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| . ∠ \. | Full Name (Last, First, Middle Initial) Mr. Walter (Jim) James Reiter | | Date of Receipt |
| | Mailing Address 325 Seventh Street, NV Suite 700 | | 07 / 31 / 2009 |
| | City Washington | State Zip Code DC 20004-2818 | Transaction ID: PR330776122742 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 60.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation V.P., Advocacy & Member Co | ommunications |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | Full Name (Last, First, Middle Initial) Ms. Debi H. Tucker, Esq. | Date of Receipt | |
| | Mailing Address 1101 N. Kentucky Stre | 07 / 31 / 2009 | |
| | City | State Zip Code | Transaction ID: PR331278822742 |
| | Arlington FEC ID number of contributing federal political committee. | VA 22205-3515 | Amount of Each Receipt this Period 42.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Director, State Issues Forum | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ | P/R Deduction (\$14.00 Bi- Weekly) |
| . – | Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush | | Date of Receipt |
| | Mailing Address 26 West Glendale Ave. | | 07 31 2009 |
| | City | State Zip Code | Transaction ID: PR331304222742 |
| | Alexandria FEC ID number of contributing federal political committee. | VA 22301-2402 | Amount of Each Receipt this Period 60.00 |
| | Name of Employer American Hospital Associa- tion-Washingt | : Policy Op | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ | P/R Deduction (\$20.00 Bi- Weekly) |
| Г | SUBTOTAL of Receipts This Page (optional) | | 162.00 |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 75 / 101 (check only one) X 11a | |
|--------|---|---|---|--|--|
| , | Any information copied from such Reports and Stor for commercial purposes, other than using the | on for the purpose of soliciting contributions o solicit contributions from such committee. | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | | |
| ۷. | Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb | | | Date of Receipt | |
| | Mailing Address 325 Seventh Street, NV Suite 700 | N | | 07 31 7 2009 | |
| | City Washington | State DC | Zip Code 20004-2818 | Transaction ID: PR331379122742 | |
| | FEC ID number of contributing federal political committee. | C | 20004-2010 | Amount of Each Receipt this Period 42.00 | |
| | Name of Employer American Hospital Associa- tion-Washingt Receipt For: | | n etor Federal Relations & Polic e Year-to-Date ▼ | | |
| | Primary General Other (specify) ▼ | | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) | |
| 3. | Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer | Date of Receipt | | | |
| | Mailing Address 325 Seventh Street, NV Suite 700 | 07 / 31 / Y Y Y Y Y Y Y | | | |
| | City | • | | | |
| | Washington FEC ID number of contributing federal political committee. | C | 20004-2818 | Amount of Each Receipt this Period 42.00 | |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupatio Senior A | n ssociate Director | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | |
| | Primary General Other (specify) ▼ | | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) | |
| | Full Name (Last, First, Middle Initial) Mr. Alex R. White, Sr. | | | Date of Receipt | |
| | Mailing Address PO Box 15587 | | | 07 31 YYYY 2009 | |
| | City | State | Zip Code | Transaction ID: PR331416022742 | |
| | Austin | TX | 78761-5587 | Amount of Each Receipt this Period | |
| | federal political committee. | FEC ID number of contributing federal political committee. | | | |
| | Name of Employer American Hospital Associa- tion-Chicago | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date ▼ 870.00 | P/R Deduction (\$58.00 Bi- Weekly) | |
| | SUBTOTAL of Receipts This Page (optional) | | | 258.00 | |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 76 / 101 (check only one) X 11a 11b 11c 12 15 16 11 | | | | | | |
|-----------------|--|---|--|--|--|--|--|--|--|
| 4 | Any information copied from such Reports and Sor for commercial purposes, other than using the | for the purpose of soliciting contributions olicit contributions from such committee. | | | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | | | | | | |
| ∠ \ . | Full Name (Last, First, Middle Initial) Mr. Donald May | | Date of Receipt | | | | | | |
| | Mailing Address 521 Great Falls St. | | 07 31 2009 | | | | | | |
| | City <u>Falls Church</u> | State Zip Code VA 22046-2613 | Transaction ID: PR331533222742 | | | | | | |
| | FEC ID number of contributing federal political committee. | C 22046-2613 | Amount of Each Receipt this Period 117.00 | | | | | | |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Vice President, Policy | | | | | | | |
| | Receipt For: | Aggregate Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | 585.00 | P/R Deduction (\$39.00 Bi- Weekly) | | | | | | |
| | Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy | Date of Receipt | | | | | | | |
| | Mailing Address One North Franklin | 07 31 2009 | | | | | | | |
| | City | State Zip Code | Transaction ID: PR346168122742 | | | | | | |
| | Chicago | IL 60606-3436 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | 59.76 | | | | | | |
| | Name of Employer American Hospital Associa- tion-Chicago | Occupation Vice President, PMG | | | | | | | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | | | | | | | |
| | Primary General Other (specify) ▼ | 281.04 | P/R Deduction (\$19.92 Bi- Weekly) | | | | | | |
| . – | Full Name (Last, First, Middle Initial) Ms. Kristin Welsh | | Date of Receipt | | | | | | |
| | Mailing Address 325 Seventh Street, N Suite 700 | | 07 31 2009 | | | | | | |
| | City | State Zip Code DC 20004-2818 | Transaction ID: PR517619722742 | | | | | | |
| | Washington | DC 20004-2818 | Amount of Each Receipt this Period | | | | | | |
| | FEC ID number of contributing federal political committee. | C | 117.00 | | | | | | |
| | American Hóspital Associa- tion-Washingt | tion-Washingt Vice President Executive Branch Relati | | | | | | | |
| | Receipt For: Primary General | Aggregate Year-to-Date ▼ | P/R Deduction (\$39.00 Bi- | | | | | | |
| | Other (specify) ▼ | 585.00 | Weekly) | | | | | | |
| | OUDTOTAL of Descripts This Descriptorally | | 293.76 | | | | | | |

| | SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 77 / 101 (check only one) X | | | | |
|----|--|---|--|--|--|--|--|
| 0 | Any information copied from such Reports and S or for commercial purposes, other than using the | erson for the purpose of soliciting contributions e to solicit contributions from such committee. | | | | | |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | | | | |
| ۷. | Full Name (Last, First, Middle Initial) Ms. Megan Cundari | | Date of Receipt | | | | |
| | Mailing Address 325 Seventh Street, NV Suite 700 | | 07 31 2009 | | | | |
| | City Washington | State Zip Code DC 20004-2818 | Transaction ID: PR518031922742 | | | | |
| | FEC ID number of contributing federal political committee. | C 20004-2016 | Amount of Each Receipt this Period 65.22 | | | | |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Senior Associate Director | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Receipt For: Aggregate Year-to-Date Primary General OCO 00 | | | | | |
| | Full Name (Last, First, Middle Initial) Mr. Carlos Jackson | Date of Receipt | | | | | |
| | Mailing Address 325 Seventh Street, N | 07 31 2009 | | | | | |
| | City | Transaction ID: PR566280922742 | | | | | |
| | Washington FEC ID number of contributing federal political committee. | DC 20004-2802 | Amount of Each Receipt this Period 60.00 | | | | |
| | Name of Employer American Hospital Associa- tion-Washingt | Occupation Associate Director, Federal Relation | ons | | | | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi- Weekly) | | | | |
| _ | Full Name (Last, First, Middle Initial) Ms. Ashley B. Thompson | | Date of Receipt | | | | |
| | Mailing Address 606 S. Royal St. | | 07 31 2009 | | | | |
| | City | State Zip Code | Transaction ID: PR766023722742 | | | | |
| | Alexandria FEC ID number of contributing federal political committee. | VA 22314-4142 | Amount of Each Receipt this Period 60.00 | | | | |
| | Name of Employer American Hospital Associa- tion-Washingt | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | P/R Deduction (\$20.00 Bi- Weekly) | | | | |
| | SUBTOTAL of Receipts This Page (optional) | | 185.22 | | | | |

| SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 78 / 101 (check only one) X 11a |
|--|---|--|
| Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | atements may not be sold or used by any pers name and address of any political committee t | oon for the purpose of soliciting contributions o solicit contributions from such committee. |
| American Hospital Association PAC | | |
| Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta | | Date of Receipt |
| Mailing Address 325 Seventh Street, NV Suite 700 | V | 07 31 7 2009 |
| City | State Zip Code | Transaction ID: PR801366322742 |
| Washington | DC 20004-2818 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 42.00 |
| Name of Employer American Hospital Associa- tion-Washingt | Occupation Senior Associate Director Policy | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Ms. Lisa Kidder Hrobsky | | Date of Receipt |
| Mailing Address 325 Seventh Street, NV Suite 700 | V | 07 31 YYYY 2009 |
| City | State Zip Code | Transaction ID: PR876637222742 |
| Washington | DC 20004-2818 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 63.00 |
| Name of Employer American Hospital Associa- tion-Washingt | Occupation Vice President, Legislative Affairs | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 269.00 | P/R Deduction (\$21.00 Bi- Weekly) |
| Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows | | Date of Receipt |
| Mailing Address 325 Seventh Street, NV Suite 700 | V | 07 31 7 2009 |
| City | State Zip Code | Transaction ID: PR936292322742 |
| Washington | DC 20004-2818 | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C | 42.00 |
| Name of Employer American Hospital Associa- tion-Washingt | Occupation Senior Director of Operations | |
| Receipt For: | Aggregate Year-to-Date ▼ | |
| Primary General Other (specify) ▼ | 210.00 | P/R Deduction (\$14.00 Bi- Weekly) |
| SURTOTAL of Receipts This Page (optional) | | 147.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 79 / 101 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street 07 31 2009 City State Zip Code **Transaction ID:** PR939603922742 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 42.00 federal political committee. Name of Employer American Hospital Associa-tion-Chicago Occupation **Executive Director Quality Center** Receipt For: Aggregate Year-to-Date General Primary P/R Deduction (\$14.00 Bi-210.00 Other (specify)

| SUBTOTAL of Receipts This Page (optional) | • | 42.00 |
|---|----------|----------|
| TOTAL This Period (last page this line number only) | • | 65064.14 |

| | ULE A (FEC Form 3X) ED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 80 / 10 (check only one) 11a 11b 11c X 12 13 14 15 16 | | | | | |
|----------------|--|---|---|--|--|--|--|--|--|
| or for comm | tion copied from such Reports and Si tercial purposes, other than using the DF COMMITTEE (In Full) | on for the purpose of soliciting contributions o solicit contributions from such committee. | | | | | | | |
| Americ | an Hospital Association PAC | | | | | | | | |
| California | ne (Last, First, Middle Initial) a Healthcare Association PAC - Federal | | | Date of Receipt | | | | | |
| Mailing A | Address 1215 K Street Suite 800 | | | 07 02 7 2009 | | | | | |
| City | | State | Zip Code | Transaction ID: 17329485 | | | | | |
| Sacran | | CA | 95814 | Amount of Each Receipt this Period | | | | | |
| | number of contributing olitical committee. | C coo | 0237495 | 20000.00 | | | | | |
| Name of | Employer | Occupation | n | | | | | | |
| Receipt | | Aggregate | e Year-to-Date ▼ | | | | | | |
| | mary | 0 0 | 120000.00 |] | | | | | |
| | ne (Last, First, Middle Initial) re Association of Hawaii PAC | Date of Receipt | | | | | | | |
| Mailing A | Address 932 Ward Avenue, Sui | 07 13 2009 | | | | | | | |
| City | | State | Zip Code | Transaction ID: 17349899 | | | | | |
| Honolu | | HI | 96814 | Amount of Each Receipt this Period | | | | | |
| | number of contributing olitical committee. | C coo | 0159061 | 500.00 | | | | | |
| Name of | Employer | Occupation | n | | | | | | |
| Receipt | For: | Aggregate | e Year-to-Date | | | | | | |
| | mary General her (specify) ♥ | 0 0 | 500.00 |] | | | | | |
| | ne (Last, First, Middle Initial) and Healthsystem Assoc. of PA - Federa | al Political Action | n Comm (HAPAC) | Date of Receipt | | | | | |
| Mailing A | Address Post Office Box 8600 | | | 07 13 2009 | | | | | |
| City | | State | Zip Code | Transaction ID: 17353621 | | | | | |
| <u>Harrisb</u> | ourg | PA | 17105-8600 | Amount of Each Receipt this Period | | | | | |
| | number of contributing olitical committee. | C coo | 0128082 | 10000.00 | | | | | |
| Name of | Employer | Occupation | n | 7 | | | | | |
| Receipt | | Aggregate | e Year-to-Date | | | | | | |
| | mary | | 60000.00 |] | | | | | |
| | L of Receipts This Page (optional) | <u>I</u> | | 30500.00 | | | | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 81 / 101 (check only one) 11a 11b 11c X 12 13 14 15 16 17 |
|-----------------|--|---|--|
| A | Any information copied from such Reports and Sor for commercial purposes, other than using the | on for the purpose of soliciting contributions oslicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | |
| ∠ A . | Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PA | 0 | Date of Receipt |
| | Mailing Address One Empire Drive | 07 17 2009 | |
| | City Rensselaer | State Zip Code NY 12144 | Transaction ID: 17360497 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C C00160259 | 15000.00 |
| | Name of Employer | Occupation | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 75000.00 | |
| В. | Full Name (Last, First, Middle Initial) Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587 | | Date of Receipt 0 7 2 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: 17365651 |
| | Austin | TX 78761-5587 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C C00301325 | 17000.00 |
| | Name of Employer | Occupation | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 35000.00 | |
| _ С. | Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC | <u> </u> | Date of Receipt |
| | Mailing Address 5510 Research Park D | Prive | 07 28 2009 |
| | City | State Zip Code | Transaction ID: 17375064 |
| | Madison FEC ID number of contributing federal political committee. | WI 53725-9038 C C00359455 | Amount of Each Receipt this Period 4250.00 |
| | Name of Employer | Occupation | |
| | Receipt For: Primary General Other (specify) | Aggregate Year-to-Date ▼ 7300.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | 36250.00 |
| | TOTAL This Period (last page this line number | • | |

| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | fo | se separate schedule(s) or each category of the etailed Summary Page | FOR LINE NUMBER: PAGE 82 / 101 (check only one) 11a 11b 11c X 12 13 14 15 16 17 |
|--|------------------|--|--|
| Any information copied from such Reports ar or for commercial purposes, other than using | | | |
| NAME OF COMMITTEE (In Full) American Hospital Association PAG | | | |
| Full Name (Last, First, Middle Initial) Montana Hospital Association PAC - Federal Mailing Address P.O. Box 5119 City | | Zip Code | Date of Receipt M M D D Y Y Y Y Y Y Y Y |
| <u>Helena</u> | MT | 59604-5119 | Transaction ID: 17387727 Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee. | C C002387 | 782 | 2710.00 |
| Name of Employer | Occupation | | 7 |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Yea | r-to-Date ▼ 2710.00 | |

| | | 2710.00 |
|---|----------|----------|
| SUBTOTAL of Receipts This Page (optional) | • | 2710.00 |
| TOTAL This Period (last page this line number only) | • | 69460.00 |

| S | SCHEDULE A (FEC Form 3X) | | Lia a a sur queta a a la adiula (a) | | | | FOR LINE NUMBER: PAGE 83 / 101 | | | | | | | | | | |
|-----------------------------------|---|--------------|---|---------|--------|---------------|--------------------------------|------------------|--------|-----------|--------|--------------|---------------|--|--|--|--|
| | · · · · · · · · · · · · · · · · · · · | | Use separate schedule(s) for each category of the | | | | | (check only one) | | | | | | | | | |
| | EMIZED RECEIPTS | | Detailed Summary Page | | | | П | 11b 14 | П | 11c 15 | П | . 12 . 16 | □ 17 | | | | |
| Ar | ny information copied from such Reports and Sta | atements may | not be sold or used by any pe | erson f | for th | 13 ne purp | ose | of sol | liciti | ng con | ıtribı | utions | <u> X</u> 17 | | | | |
| or | for commercial purposes, other than using the r | name and add | dress of any political committee | e to so | olicit | contrib | outio | ns fro | m s | uch co | mm | ittee. | | | | | |
| \ | NAME OF COMMITTEE (In Full) | | | | | | | | | | | | | | | | |
| / | American Hospital Association PAC | | | | | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Citibank, F.S.B. | | | | [| Date of | Re | ceipt | | | | | | | | | |
| Mailing Address 1400 G Street, NW | | | | 0 7 | | | | | Ý 2 | 0 0 9 | | | | | | | |
| | City | State | Zip Code | | Т | ransa | ctio | n ID: | 174 | 14239 | 3 | | | | | | |
| | Washington | DC | 20005 | | ļ | Amoun | t of | Each I | Rec | eipt th | is P | eriod | | | | | |
| | FEC ID number of contributing federal political committee. | C | | | | - | | | | | 19 | 99.58 | | | | | |
| | Name of Employer | Occupation | 1 | | | | | | | | | | | | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 2069.93 | | ln | terest | : Ea | ırned | | | | | | | | | |

| SUBTOTAL of Receipts This Page (optional) | • | 199.58 |
|---|----------|--------|
| TOTAL This Period (last page this line number only) | • | 199.58 |

| SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS | Use separate schedule(s) for each category of the | FOR LINE (check only | one) |
|---|---|----------------------|---|
| | Detailed Summary Page | 27 | 22 23 24 25 26 X 28a 28b 28c 29 30b |
| Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam | , | , , | |
| NAME OF COMMITTEE (In Full) | | | |
| American Hospital Association PAC | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 17348503 |
| Mr. Francis M Saba | | | Date of Disbursement |
| Mailing Address 14 Prospect Street | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & 1 & 0 \\ 0 & 1 & 0 \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & Q \\ 2 & 0 & Q & 9 \end{bmatrix} $ |
| City Milford | State Zip Code MA 01757-3090 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement Refund | | 010 | 500.00 |
| Candidate Name | C | ategory/ Type | |
| Office Sought: House Disburse Senate | ement For: Primary General | | Refund |
| President State: District: | Other (specify) | | |

| SUBTOTAL of Disbursements This Page (optional) | > | 500.00 |
|---|-------------|--------|
| | | |
| TOTAL This Period (last page this line number only) | • | 500.00 |

| _ | | (FEC FOIII | , 0 | | arate schedule(s) | | | R LINE eck onl | : NUMBE v one) | R: | | _P | AGE | 85 / 1 | 101 |
|------|---|--|-------------------------|----------|---------------------------------|----|----------------------|-------------------|-------------------|--------------------|-------|-----------|-----|----------|----------------|
| | | BURSEMEN | D | etailed | category of the Summary Page | | À | 21b 27 | 22 28a | | 3b | 24 28c | | 25 29 | E |
| or f | or commercial purp | d from such Reports coses, other than usi | | | | | | | | | | | | | 3 |
| \ | NAME OF COMM American Hosp | IITTEE (In Full) ital Association P | AC | | | | | | | | | | | | |
| | , . | First, Middle Initial) ess Committee | | | | | | | Date | action of Disb | ursen | nent | | | |
| | Mailing Address | 205 5th Avenue Suite 428 | e South | | | | | | 0 ^M 7 | M / | 0 7 | | ž | 0 ŏ 9 |) [*] |
| | City La Crosse | | State WI | Э | Zip Code 54601 | | | | Amou | int of E | ach D | isburs | - | | |
| | Purpose of Disbur Contribution Candidate Name | rsement | | | | | 011 ateg | | L. | | | - | 10 | 00.00 |) |
| | Rep. Ron Kind Office Sought: State: WI | X House Senate President District: 03 | Disbursemen X Prii Oth | mary | 2010 General ecify) | | Тур | e | Contr | ibutio | n | | | | |
| | Full Name (Last, F Simpson For C | First, Middle Initial) ongress | 1 | | | | | | Date M_ | saction of Disb | | nent | | o ŏ 9 | Y |
| | Mailing Address | 1487 Parkway | | | 7: 0 1 | | | | 0 7 | | _ | | | | |
| | City Blackfoot | | State ID | e | Zip Code 83221 | | | | Amou | int of E | ach D | isburs | | | |
| | Purpose of Disbur Contribution Candidate Name Rep. Michael K | | | | | Ca | 011 atego Typo | ory/ | | | | | 10 | 00.00 | , |
| | Office Sought: State: ID | X House Senate President District: 02 | Disbursemen X Prii Oth | mary | 2010 General ecify) | | - 71- | | Contr | ibutio | n | | | | |
| | Full Name (Last, F Carnahan In Co | First, Middle Initial) ongress | • | | | | | | Date | action of Disb | ursen | nent | | | V |
| | Mailing Address | 7370 Manches | ter Rd Ste 20 | | | | | | o ^M 7 | | 0 7 | | 2 | 0 ŏ 9 |) |
| | City St. Louis | | State MO | | Zip Code 63143 | | | | Amou | int of E | ach D | isburs | - | t this F | |
| | Purpose of Disbur Contribution Candidate Name | | | | | _ | 011 ateg | | | • | | - | 33 | 00.00 | |
| | Rep. Russ Carr Office Sought: | X House Senate | Disbursemen X Prii | mary | 2010 General | | Тур | - | Contr | ibutio | n | | | | |
| | State: MO | President District: 03 | | 101 (OPC | 50iiy) ▼ | | | | | | | | | | |

| IT | | Use s | eparate schedule(s) | FOR LINE | |
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| | EMIZED DISBURSEMEI | VTS for each | ch category of the ed Summary Page | (check onl | y one) 22 X 23 24 25 28a 28b 28c 29 3 |
| | | | | | for the purpose of soliciting contributions olicit contributions from such committee |
| $\sum_{i=1}^{n}$ | NAME OF COMMITTEE (In Full) American Hospital Association | | | | |
| | Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congre | ss | | | Transaction ID: 17371749 Date of Disbursement |
| | Mailing Address PO Box 7783 | | | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City Rockford | State IL | Zip Code 61126 | | Amount of Each Disbursement this Perio |
| | Purpose of Disbursement Contribution Candidate Name | | | 011 | 1000.00 |
| | Rep. Donald A. Manzullo Office Sought: X House | Disbursement For | r: 2010 | Category/ Type | |
| | Senate President | X Primary | | | Contribution |
| | State: IL District: 16 Full Name (Last, First, Middle Initial) Friends Of Jim Marshall | | | | Transaction ID: 17371750 Date of Disbursement |
| | Mailing Address 586 Orange S | treet | | | $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| | City | State | Zip Code | | Amount of Each Disbursement this Perio |
| | Macon | GA | 31201 | | |
| | Macon Purpose of Disbursement Contribution | GA | 31201 | 011 | 2000.00 |
| | Purpose of Disbursement | GA | 31201 | 011 Category/ Type | 2000.00 |
| | Purpose of Disbursement Contribution Candidate Name | Disbursement For X Primary | r:2010 | Category/ | 2000.00 Contribution |
| | Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: X House Senate President | Disbursement For X Primary | r: 2010 General | Category/ | Contribution Transaction ID: 17371752 Date of Disbursement |
| | Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: X House Senate President State: GA District: 08 Full Name (Last, First, Middle Initial) | Disbursement For X Primary Other (s | r: 2010 General | Category/ | Contribution Transaction ID: 17371752 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: X House Senate President State: GA District: 08 Full Name (Last, First, Middle Initial) Longleaf Pine PAC Mailing Address 703 Green Va Suite 201 City Greensboro | Disbursement For X Primary Other (s | r: 2010 General | Category/ | Contribution Transaction ID: 17371752 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: X House Senate President State: GA District: 08 Full Name (Last, First, Middle Initial) Longleaf Pine PAC Mailing Address 703 Green Va Suite 201 City Greensboro Purpose of Disbursement 2009 Contribution | Disbursement For X Primary Other (s | r: 2010 General specify) V | Category/ Type | Contribution Transaction ID: 17371752 Date of Disbursement 07 |
| | Purpose of Disbursement Contribution Candidate Name Rep. Jim Marshall Office Sought: X House Senate President State: GA District: 08 Full Name (Last, First, Middle Initial) Longleaf Pine PAC Mailing Address 703 Green Va Suite 201 City Greensboro Purpose of Disbursement 2009 Contribution Candidate Name Longleaf Pine PAC | Disbursement For X Primary Other (s | r: 2010 General specify) Zip Code 27408 | Category/ Type | Contribution Transaction ID: 17371752 Date of Disbursement M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
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| 1 | Mailing Address | P.O. Box 1512 | | | | | | | $\begin{bmatrix} 0 & 7 & M \\ 0 & 7 & M \end{bmatrix}$ | 2009 | Y |
| | City Athens | | | State GA | Zip Code 30601 | | | | Amount of Each Disburs | | erio |
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| | State: GA | Senate President District: 10 | X | Primary Other (spe | General | | | | Contribution | | |
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| Ī | Mailing Address | 607 Fourteenth Suite 800 | Street, NV | ٧ | | | | | 07 | Ý 2009 | Y |
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| \rangle | NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | | |
| <u>/</u> | Full Name (Last, First, Middle Initial) Nita Lowey For Congress Mailing Address PO Box 271 | | | | Transaction ID: 17371757 Date of Disbursement |
| | City | State Zip Code | | | Amount of Each Disbursement this Peri |
| | White Plains Purpose of Disbursement Contribution | NY 10605 | | 244 | 2000.00 |
| | Candidate Name Rep. Nita M. Lowey | | Ca | 011 tegory/ Type | |
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| | Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis | | | | Transaction ID: 17371759 Date of Disbursement |
| | Mailing Address 5956 W. Race Avenue | | | | $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$ |
| | City Chicago | State Zip Code IL 60644 | | | Amount of Each Disbursement this Peri |
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| | Rep. Danny K. Davis Office Sought: X House Senate President State: IL District: 07 Full Name (Last, First, Middle Initial) Wyoming Values PAC Mailing Address 901 N. Washington Stresuite 102 City Alexandria | (Primary GeneralOther (specify) ▼ | 1 | уре | Transaction ID: 17371761 Date of Disbursement |
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| American Hospital Association PAC | | | |
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| Longleaf Pine PAC | | | Date of Disbursement |
| Mailing Address 703 Green Valley Roa Suite 201 | d | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ |
| City Greensboro | State Zip Code NC 27408 | | Amount of Each Disbursement this Period |
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| Full Name (Last, First, Middle Initial) | | | Transaction ID: 17371763 |
| Grassley Committee Inc | | | Date of Disbursement |
| Mailing Address PO Box 1000 | | | 07 |
| City Des Moines | State Zip Code IA 50304 | | Amount of Each Disbursement this Perio |
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| Candidate Name Sen. Charles E. Grassley | | Category Type | 1 |
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| | Full Name (Last, First Friends Of Congr | st, Middle Initial) | Holden | | | | | | | | - | 173 | 7208 | 5 | |
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| | Mailing Address | 18 N. Second PO Box 37 | St., Box 37 | ' | | | | | 0 7 | | <u> </u> | 5 | | 2009 | <u>'</u> |
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| | Candidate Name Rep. Tim Holden | | | | | | _ | ory/ | | | | | | | |
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| | Mailing Address | 817 Ninth Ave | enue P.O. B | ox 156 | | | | | 0 7 | М | 1 | 5 | Y 2 | žo ŏ s |) ^Y |
| | City Menominee | | | State MI | Zip Code 49858 | | | | Amou | int o | f Each | Disbur | | nt this F | |
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| | Candidate Name Rep. Bart Stupak | | | | | | _ | ory/ | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | |
| American Hospital Association PAC | | | | | | | | |
| Full Name (Last, First, Middle Initial) Anna Eshoo For Congress | | | Transaction Date of Disk | | _ | 093 | | |
| | | | M M / | ^D 1 5 | / Y | Y | 0 ŏ 9 | Y |
| Mailing Address 555 Capitol Mall, Suite | | | | | L | | | |
| City Sacramento | State Zip Code CA 95814 | | Amount of E | Each Dist | ourser | - | - | |
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| Candidate Name Rep. Anna G. Eshoo | | Category/ Type | | | | | | |
| Senate President | ement For: 2010 Primary General Other (specify) | | Contributio | on | | | | |
| State: CA District: 14 | | | | | | | | |
| Full Name (Last, First, Middle Initial) Ken Calvert For Congress | | | Transaction Date of Disk | | _ | 095 | | |
| Mailing Address PO Box 20123 | | | 07 M | 15 | / Y | ž | 0 ŏ s | 9 Y |
| City Riverside | State Zip Code CA 92516 | | Amount of E | Each Disb | ourser | nent | t this I | Period |
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| Full Name (Last, First, Middle Initial) Glacier PAC | | | Transaction Date of Disk | | | 484 | | |
| Mailing Address 818 Connecticut Ave., N | W | | 07 / | ^D 2 3 | / Y | ž | 0 ŏ s | e Y |
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| NAME OF COMMITTEE (In Full) | 71 | | | | | | | | | | |
| American Hospital Association PAC | | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Democrats Win Seats PAC | | | | | | | on ID: | | 12667 | '8 | |
| Mailing Address 1071 Turin Branch Land | <u> </u> | | | | | M | | 28 | Y | ž 0 ŏ 9 | Y |
| City | State Zip Code | | | | Amou | nt o | | | | ent this F | |
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| Charles A. Gonzalez Congressional Cam | oaign | | | | Date | of D | isburs | ement | 12669 | | V |
| Mailing Address PO Box 12612 | | | | | 0 ^M 7 | М | [′] 2 | 2 8 / | Y . | ž 0 ŏ s |) ` |
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| Candidate Name Rep. Charles A. Gonzalez | | Ca | | ory/ | | | | | | | |
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| Full Name (Last, First, Middle Initial) Bill Foster For Congress Committee | | | | | Trans | | on ID: | | | 19 | |
| Mailing Address PO Box 703 | | | | | 0 ^M 7 | М | [/] 2 | 2 8 / | Υ | ž 0 ŏ 9 |) Y |
| City Geneva | State Zip Code IL 60134 | | | | Amou | int o | f Each | Disbu | ırseme | ent this F | Period |
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| Candidate Name Rep. Bill Foster | | Ca | _ | ory/ | | | | | | | |
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| NAME OF COMMITTEE (In Full) | | | | | | | | | | |
| American Hospital Association PAC | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Rangel For Congress | | | | | action of Disbu | | - | 709 | | |
| Mailing Address PO Box 5577 | | | | 0 7 N | | 28 | / | Ž | 0 ŏ 9 | Υ |
| Manhattanville Sta | State Zip Code | | | Amour | nt of Ea | ah Die | burge | | | |
| City New York | NY 10027 | | | Amour | II OI Ea | ach dis | sburse | - | | - |
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| Candidate Name Rep. Charles B. Rangel | | Category Type | y/ | | | | | | | |
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| Full Name (Last, First, Middle Initial) Tim Bishop For Congress | | | | | action of Disbu | - | | 5711 | | |
| Mailing Address PO Box 437 | | | | 0 ^M 7 | / [| ^D 2 8 | / [| Ž | 0 ŏ 9 | Y |
| City Farmingville | State Zip Code NY 11738 | | | Amour | nt of Ea | ach Dis | sburse | ement | this P | erio |
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| Candidate Name Rep. Timothy Bishop | | Category | y/ | | | | | | | |
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| Full Name (Last, First, Middle Initial) Georgians For Isakson | | | | | action f Disbu | - | | 6750 | | |
| Mailing Address Post Office Box 2501 | 16 | | | 0 ^M 7 | И / | ^D 2 3 | / | ž | 0 ŏ 9 | Y |
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| | Mailing Address | 726 Sixteenth | Street Ne | | | | | | 0 ^M 7 | M / | ^D 2 3 | / Y | ž |) ŏ 9 | Y |
| | City Massillon | | | State OH | Zip Code 44646 | | | | Amou | ınt of E | ach Dis | burse | - | | erio |
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| | Candidate Name Rep. Zachary | | | | | Са | itego Type | - | | | | | | | |
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| | Candidate Name Rep. Martin He | | | | | | itego Type | | | | | | | | |
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| NAME OF COMMITTEE (In Full) | , , , , , , , , , , , , , , , , , , , | | | | | | | | | |
| American Hospital Association PAC | | | | | | | | | | |
| Full Name (Last, First, Middle Initial) Betty Sutton For Congress | | | | Transa Date o | | | 17426 ment | 766 | | |
| Mailing Address 1700 W. Market St. #155 | | | | 0 7 | M / | ^D 2: | ^D / N | ž | o ŏ 9 | Y |
| , | State Zip Code OH 44313 | | | Amour | nt of | Each [| Disburse | - | | - |
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| Candidate Name Rep. Betty S. Sutton | | Catego Type | - | | | | | | | |
| | ment For: 2010 Primary General Other (specify) | | 1 | Contri | butio | on | | | | |
| Full Name (Last, First, Middle Initial) Schock For Congress | | | | Transa Date o | | | 17426 ment | 6769 | | |
| Mailing Address PO Box 10555 | | | | 0 7 | М / | ^D 2: | ^D / | ž | o ŏ 9 | Y |
| City Peoria | State Zip Code IL 61612 | | | Amour | nt of | Each [| Disburse | | | - |
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| Candidate Name Rep. Aaron Jon Schock | | Catego Type | - | | | | | | | |
| | ment For: 2010 Primary General Other (specify) | | | Contri | butio | on | | | | |
| Full Name (Last, First, Middle Initial) Welch For Congress | | | | Transa Date o | | | 17426 ment | 5772 | | |
| Mailing Address PO Box 1682 | | | | 0 7 | M / | ^D 2: | 3 / | Ž | o ŏ 9 | Y |
| | State Zip Code VT 05402 | | | Amour | nt of | Each [| Disburse | - | | |
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| Candidate Name Rep. Peter Welch | 2010 | Catego Type | | | | | | | | |
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| Mailing Address | PO Box 823047 | | | | | 07 / | 23 | L | ž 0 ŏ | 9 |
| City Dallas | | State TX | Zip Code 75382 | | | Amount of Ea | ch Disbı | ursem | ent this | Period |
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| Candidate Name Rep. Pete Se | = | | | | ategory/ Type | | | | | |
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| Full Name (Last Arcuri For Co | , First, Middle Initial) ngress | | | | | Transaction I Date of Disbu | | _ | 77 | |
| Mailing Address | P.O. Box 8508 | | | | | 07 M | 23 | Y | ž 0 ŏ | 9 ^Y |
| City Utica | | State NY | Zip Code 13505 | | | Amount of Ea | ch Disbı | ursem | ent this | Period |
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| Office Sought: State: NY | X House Senate President District: 24 | Disbursement Fo X Primar Other (| | • | | Contribution | | | | |
| Full Name (Last Friends Of Ti | , First, Middle Initial) m Johnson | | | | | Transaction I Date of Disbu | | | 87 | |
| Mailing Address | PO Box 17097 | | | | | 07 / | 23 | Y | ž 0 ŏ | 9 ^Y |
| City Urbana | | State IL | Zip Code 61803 | | | Amount of Ea | ch Disbı | ursem | ent this | Period |
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| \ | American Hospital Association PAC | | | | | | | | | | | | |
| | Full Name (Last, First, Middle Initial) Mike McMahon For Congress | | | | | | Trans | | | 1742 | 6841 | | |
| | Mailing Address 66 Arnold Street | | | | | | 0 7 | | 2 | | Y Ž | 0 Ŏ 9 |) ^Y |
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| | Candidate Name Rep. Michael E. McMahon | | | Ca | tego Type | ory/ | | | | | | | |
| | Office Sought: X House Senate President State: NY District: 13 | Sbursement For: X Primary Other (specify) | 2010 General | | | | Contr | ibutio | n | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | Trans | actio | n ID: | 1742 | 6843 | | |
| | Allyson Schwartz For Congress | | | | | | Date | | | | .0043 | | |
| | Mailing Address P.O. Box 2232 | | | | | | 0 ^M 7 | M / | ^D 2 | 3 / | Ý Ž | 0 Ŏ 9 | Y |
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| | Candidate Name Rep. Allyson Y. Schwartz | | | Ca | 011 tego Type | ory/ | | | | | | | |
| | Office Sought: X House Senate President State: PA District: 13 | sbursement For: X Primary Other (specify) | 2010 General | | 71- | | Contr | ibutio | on | | | | |
| | Full Name (Last, First, Middle Initial) Mary Bono Mack Committee | | | | | | Trans | | | 1742 ment | :6844 | • | |
| | Mailing Address PO Box 3370 | | | | | | 0 ^M 7 | M / | ^D 2 | ^D / | Ý Ž | 0 0 9 |) ^Y |
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| | Candidate Name Rep. Mary Bono Mack | | | | tegα Γγρε | | | | | | | | |
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| NAME OF COMMITTEE (In Full) American Hospital Association PAC | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 17426845 |
| Committee To Re-Elect Loretta Sanchez | | | Date of Disbursement |
| Mailing Address 1212 S. Victory Blvd. Suite 211 | | | $\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}^{Y}$ |
| | State Zip Code CA 91502 | | Amount of Each Disbursement this Period |
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| Candidate Name Rep. Loretta Sanchez | | Category/ Type | |
| Office Sought: X House Disburse Senate X President | ment For: 2010 Primary General Other (specify) | | Contribution |
| State: CA District: 47 | • | | |
| Full Name (Last, First, Middle Initial) American Hospital Association | | | Transaction ID: 17442453 Date of Disbursement |
| Mailing Address One North Franklin | | | $\begin{bmatrix} \begin{smallmatrix} M & M \\ O & T \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O & P \\ Z & O & O & P \end{bmatrix} $ |
| , | State Zip Code | | Amount of Each Disbursement this Period |
| Purpose of Disbursement In-kind catering/staff time/room rental to Mitchell fo | r Congress | 011 | 366.69 |
| Candidate Name Rep. Harry Mitchell | | Category/ Type | |
| Office Sought: X House Disburse Senate X President | ment For: 2010 Primary General Other (specify) | | In-kind catering/staff ti- me/room rental to Mitchell for Congress |

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| NAME OF COMMITTEE (In Full) | | | |
| American Hospital Association PAC | | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 17442360 |
| American Express | | | Date of Disbursement |
| Mailing Address Ste. 001 | | | $\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix}, \begin{smallmatrix} M \\ O \end{smallmatrix}, \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix}, \begin{bmatrix} D \\ O \end{smallmatrix}, \begin{bmatrix} D \\ O \end{smallmatrix}, \begin{bmatrix} V \\ O \end{smallmatrix}, $ |
| City Chicago | State Zip Code IL 60679 | | Amount of Each Disbursement this Period |
| Purpose of Disbursement | | - | 4.95 |
| Merchant Fees | | 001 | |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburs | ement For: | - 7/ | Mayahant Face |
| Senate | Primary General | | Merchant Fees |
| President State: District: | Other (specify) ▼ | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 17442362 |
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| Mailing Address Ste. 001 | | | 0. 01 2000 |
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| Chicago Purpose of Disbursement | IL 60679 | | 95.25 |
| Merchant Fees | | 001 | |
| Candidate Name | | Category/ Type | |
| Office Sought: House Disburs | ement For: | - 7/ | Mayahant Face |
| Senate | Primary General | | Merchant Fees |
| State: District: | Other (specify) | | |
| Full Name (Last, First, Middle Initial) | | | Transaction ID: 17442387 |
| Merchant Bankcard | | | Date of Disbursement |
| Mailing Address 1601 Elm Street | | | $\begin{bmatrix}\begin{smallmatrix}M\\07\end{smallmatrix}^M&\begin{smallmatrix}\\\end{smallmatrix}&\begin{smallmatrix}D\\03\end{smallmatrix}^D&\begin{smallmatrix}\\V\\2009\end{smallmatrix}^Y$ |
| City | State Zip Code | | Amount of Each Disbursement this Period |
| Dallas | TX 75201 | | 80.20 |
| Purpose of Disbursement Merchant Fees | | 001 | 00.20 |
| Candidate Name | | Category/ | |
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SCHEDULE B (FEC Form 3X)

Senate

District:

President

FOR LINE NUMBER: PAGE 101 / 101 Use separate schedule(s) (check only one) **ITEMIZED DISBURSEMENTS** for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Transaction ID: 17442390 Merchant Bankcard Date of Disbursement 06 o[™] 7 2009 Mailing Address 1601 Elm Street City State Zip Code Amount of Each Disbursement this Period Dallas TX 75201 290.04 Purpose of Disbursement Merchant Fees 001 Candidate Name Category/ Type Office Sought: Disbursement For: House Merchant Fees General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: 17442392 Citibank, F.S.B. Date of Disbursement 0 7 20 2009 Mailing Address 1400 G Street, NW City State Zip Code Amount of Each Disbursement this Period 20005 Washington DC 73.41 Purpose of Disbursement Bank Fee 001 Candidate Name Category/ Type Office Sought: House Disbursement For: Bank Fee

General

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Primary

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